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Early Doctor of Medicine and Doctor of [illegible] Dissertations with
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The project team who investigated and corrected the table of contents were: Richard J. Bulpin, [illegible] Milagros Pinkus, Metadata Management Librarian; Amanda Cummings and [illegible] Harling-Henry, Resources Librarian; Sarah Hurst, [illegible] and [illegible] Wolff, Services Librarian.

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University of Maryland Theses

Early Doctor of Medicine and Doctor of Physic Dissertations with Corrected Tables of Contents

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The project team who investigated and corrected the tables of contents were Richard J. Behles, Historical Librarian/Preservation Officer; María Milagros Pinkas, Metadata Management Librarian; Angela Cochrane and Carol Harling-Henry, Resources Division; Sarah Hovde, Abra Schnur and Megan Wolff, Services Division.

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(CORRECTED TABLE OF CONTENTS)

UNIVERSITY OF MARYLAND

THESES

1883 (c)

Author	Title	Notes
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Smith, William S.	Pneumonia	
Lowry, F. W.	Diphtheria	(no title page)
Lowery, James B.	Diseases of the Conjunctiva	(no title page)
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McKee, W. Arthur E.	Diphtheria	
White, W. Garner	Typhoid Fever	
Graham, George	Fever	
Schindel, E. Myley	Tuberculosis	

[1] Reprint from Maryland Medical Journal, 1883.

HSHSL 2012 for the UM Digital Archive. Sources consulted for corrections: Original Dissertation; University of Maryland Medical Faculty, Matriculation List, 1851-1892; Cordell, Eugene F. "University of Maryland, 1807-1907" (New York : The Lewis Publishing Company, 1907), Volume 2.

Author	Title	Notes
Bolton, James W. W.	Alcohol	
Noble,William H.	Diagnosis of Disease in the Bladder and Its Appendages	
Downey, B. Dorsey	Clinical Notes	(no title page)
Bowman, Rufus C.	Congenital and Hereditary Transmissions of Diseases	
Steiner, Ralph	Lacerations of the Cervix Uteri	

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UNIVERSITY OF MARYLAND

THESES

1883 (c)

Black, Hugh R.	Typhoid Fever	19p.
Grier, ~~A.~~ Arthur ~~J.~~ S.	Acute Articular Rheumatism	21p.
Smith, ~~Wm.~~ William S.	Pneumonia	41p.
Lowry, F. W.	Diphtheria	15p.
Lowery, ~~J.~~ James B.	Diseases of the Conjunctiva	18p.
Wayland, ~~M.~~ Melville C.	Digestion	16p.
Wallis, ~~H. F.~~ Hugh Francis	[illegible] of The Cinchona Bark	13p.
Smith, N. R.	Scarlet Fever	19p.
~~Chalot,~~ Chabot G. ~~H.~~ Henry J	Syphilis	30p.
Harris, ~~C.~~ Charles C.	Diseases of the Maxillary Sinus	21p.
Keyser, ~~N.~~ Newberry A. S.	Is Gonorrhoea a Bacteria Disease?	8p.
McKee, W. ~~A.~~ Arthur E.	Diphtheria	53p.
White, W. ~~G.~~ Garner	Typhoid Fever.	33p.
Graham, ~~G.~~ George R.	Fever	21p.
Schindel, E. ~~M.~~ Myley	Tuberculosis	21p.
Bolton, ~~J.~~ James W. W.	Alcohol	20p.
Noble, ~~H.~~ William H.	Diagnosis of Disease in the Bladder and Its Appendages	18p.
Downey, B. ~~D.~~ Dorsey	Clinical Notes	30p.
Bowman, ~~R.~~ Rufus C.	Congenital and Hereditary Transmissions of Diseases	21p.
Steiner, Ralph	Lacerations of the Cervix Uteri	19p.

Hugh R. Blair

59

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16997

Typhoid fever.

Definition. Typhoid is an acute febrile affection, self limited, not at all contagious, and characterized by a peculiar eruption on the abdomen by diarrhoea by stupor and low muttering delirium, ulceration of Peyer's patches, softening of the mesenteric glands and by swollen spleen. This disease has received various names. Some call it abdominal typhus, others typhoid or enteric fever.

Causes. Pathology. The origin of typhoid depends upon a peculiar poison

[illegible]

[illegible] any [illegible]

[illegible] the decomposition [illegible]

[illegible] The decomposition [illegible]

[illegible] contents [illegible]

[illegible] the [illegible]

[illegible] the [illegible]

the [illegible]

[illegible] decomposition [illegible]

[illegible] parallel [illegible]

[illegible] [illegible]

[illegible] [illegible]

[illegible] [illegible]

[illegible] change [illegible]

been place in the [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

is also a contagion. Cold is dangerous as it might produce congestion of the internal organs. Proper ventilation and hygienic surroundings should be attended to in every respect. Hydrat. Chloral must be used with caution. When there are stupiness & restlessness morphia & Belladonna act very well. Dover's powder or Bilious powder is also very good. Perhaps there is no remedy that has been followed by as good results in the treatment of this disease as turpentine, especially when the tongue is red & dry &c.

Hydrochloric acid has been recommended by some. If diarrhoea be present bismuth & carbl acid should be given or bismuth & opium or act. lead and opium & rest bowels quiet. If hemorrhage should occur turpentine by the mouth is one of the best & ice over epigastric illiac region. Ergotin hypodermaticly will arrest the intestinal hemorrhage in many cases. Should perforation of bowel take place opium is the remedy morphia hypodermaticly. The forces of life should be supported by wine brandy egg nog essence of chicken &c.

Acute Articular Rheumatism

Arthur J. Gray

Session 1882-83

Cerebral Congestion

Congestion

affections characterized by

inflammation or a

suffusion should exist

in one of the two

fibrous layers of

membranes of the

Cerebrum which

to affect the Grey layer

of the cortex are pain

in the head, giddiness

and blurred sight

Cerebral Congestion

is more common

in the children

[illegible]

[illegible]

[illegible]

[illegible] Bernard [illegible]

[illegible]

[illegible]

[

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Causation.

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Gladness.

[illegible]

Prudence

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Treatment

[illegible]

adopted to the second [illegible]
of [illegible] The alcohol
treatment [illegible] of
generally at first and [illegible]
and if was a [illegible] [illegible]
and influence [illegible]
[illegible] It [illegible] the
[illegible] to obtain [illegible]
[illegible] of [illegible] and
[illegible]

The alcohol [illegible] be a [illegible]
in large [illegible] to counter
the [illegible] [illegible] alcohol
a [illegible] [illegible] of
[illegible] [illegible]
[illegible]

[illegible]

[illegible]
[illegible]
[illegible]

[illegible]

Report of the Board of Health

of the

Commonwealth of Massachusetts.

Issued

January

1, 1880.

Published by order,

[illegible]

Course of Lectures

Spectroscopy: The most powerful
tool at present for the Physical
Chemist; the laws and significant
information of the long, broad
divisions, based upon the chemical
and not of the [illegible]
forces are recognized. The
effect of heat on molecules and
calculated from series. By the
forces at work on each molecule
are as follows: [illegible]
including first results the effects of
the heat and light [illegible]
and calculated [illegible]
[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

the vessels, and the [illegible]
dice the [illegible] of [illegible]
a [illegible] [illegible] and [illegible]
transformed into an [illegible]
[illegible] [illegible] of [illegible] or
[illegible] [illegible] [illegible] [illegible]
[illegible]. [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
the [illegible] and the [illegible] of
the circulation [illegible] [illegible]
established. [illegible] [illegible]
found [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible]

[illegible]

[illegible]

a small portion of fat is formed
when, by combination with some
other, may further a large amount
of fat. Degeneration of tissue
occurs by the action of the
causes of disease which act
on only latter fibres or not
degenerated subjects. The
tissue decays to the extent of
sometimes causes particular
diseases subjects. Upon the
production of infectious matter
to transformed into poisons
but this transition is not
complete, which it is frequently
substitute for cancer. In this
state of the pathological analogy

of [illegible] [illegible]
added a few of the [illegible]
belong to the [illegible]
[illegible] in the [illegible] [illegible]
cross the lower lobe, and the
lower lobe of the right [illegible] than
of the left lung. The right lung
is said to be affected in about
one-half of cases, and much
more often as the left.

— Symptoms —

In a very few cases the only
[illegible] of the onset of the disease
are slight [illegible] [illegible] and
general malaise, after which [illegible]
chills — and fever are [illegible]
and the disease [illegible]

In the great majority of cases
however, a prodromal stage is the
initial symptom. This is usual-
ly followed by elevation of
temperature which may reach 101°-
104° on the first day. The face
is flushed the eyes injected there
are intense headache, some pain
in the back and muscles and
pain in the limbs. The pulse is
large and strong. There is usually
a chill and later, when the ery-
thema is coming out the skin
is moistened. Catarrhal
symptoms follow which include
the chest as the seat of the trouble
Some pain in the side is often

[illegible] and [illegible] and
cough were [illegible] the [illegible] in
[illegible] and [illegible] [illegible]
[illegible] with that which [illegible]
in acute phthisis. It should
[illegible] in a good [illegible] [illegible]
from the [illegible] [illegible]
[illegible] with the [illegible]
and the [illegible] of the [illegible]
in [illegible] to the [illegible] of
[illegible] [illegible] inflammation.
This [illegible] [illegible] [illegible]
[illegible] and [illegible] [illegible]
[illegible] [illegible] [illegible] to
a [illegible] [illegible] [illegible]
the [illegible] of the [illegible] [illegible]
and [illegible] [illegible] [illegible]

deep breathing. Accompanying
the pain or soreness in the
after it, or displace the in-
spiratory cells are more frequent
and shallow, reaching as far
as 50 or 60 per minute. This is
due to the pleuritic pain and to
the interruption to the movements
of the lung, or the movements of
the respiratory tract. Cough or
vocal fremitus at an early stage
after the invasion. It is quite
characteristic and in itself suffi-
ciently and beyond the number
of first sputum is a
bright red and viscid, but very

[illegible] appear the effect of
hydration of the tissues. They
become thick, consistent and
adherent, resembling the coagulated
white of egg. Small masses
lodge in the alveoli and bronchi
of the lungs. The albumen of the
blood corpuscles is thus coagulated
with the most albuminous matter, giving them an
appearance to which the name hydrocyanic is due. The extent
to which the cause has
considerably increased at
[illegible] to the
[illegible] of a [illegible]
when it is inverted. The [illegible]

[illegible]

[illegible] present. In some diseased subjects the exploration is thinner and more abundant, giving an appearance like bronchitis, whence the name, bronchitic expectoration. It is to be remembered that sometimes pneumonia of the apex occurs in very adynamic state, there is no expectoration at all. Lastly accompanied with pain in the head, nausea, blood, pleuritic, foul odour, etc. The sputa come on frequently in different ways, sometimes [illegible]

greatly as regards symptoms & general or constitutional disturbance. The system being much more debilitated in some persons than in others. Thus in the confluent symptoms belonging to the first stage of the disease, during the stage of red infiltration the symptoms undergo some change. Four diminishes or ceases, the eyes and eyelids swollen, but the pouch is less hard and painful, and the infiltration is more easily effected. The matter spoken of seems to be of a more appearance, becomes opaque, has adhesions and is abundant. Which is

continues but with diminished intensity. The pain, heavy dullness, respiration is easier, but there is still some dyspnoea. Delirium not infrequently occurs; and as a result of the diminished arterial supply and venous stasis of the brain. There may be mental hallucinations or noisy and violent delirium. It is sudden if gravity of disease is protracted or it is prominent and prolonged. Slight jaundice is an occasion of constant. This is due to hepatic congestion resulting from the fatal venous obstruction. Albumen is also noted in the quantity

and composition of the ocean, the gas contained in it is increased; the uric acid and urea are increased; and the chlorides are most diminished. The chlorides are diverted from the urine to the inflamed part, and their return signifies the cessation of inflammation. The urinary urea appears as a transient state in consequence of the influence of the kidneys. The stage of resolution is ushered by certain critical phenomena. There exists in a sudden destruction of temperature and the appearance of some special organism, as a large urinary deposit,

a profuse diarrhoea, or at most an incipient rupture or considerable expectoration. The sudden depressions is the most conspicuous of these phenomena and works a great change in the aspect of the patient. Difficulty of breathing subsides, pulse falls, appetite returns, strength is increased and, in short, convalescence is declared. If however, the disease pass into the suppurative stage, the symptoms indicate an unfavorable course. Pulse becomes more frequent and feeble, expectoration is abundant and purulent, dysp-

mora increases and in early and
state supervenes. The strength of
the patient fails and death takes
place by asthenia.

Physical Signs.

These will vary according to the
stage and are as follows.
On palpation a fixed area of
resistance of the affected lung is
felt; on percussion, a dull note.
Vocal fremitus is increased. Sounds are
diminished when lung is consolid-
ated superficially; exaggerated, if
healthy lung tissue exists in a dis-
tant area. On auscultation frequency
of the breathing is marked there is
greatly increased resistance in

palpation and flatness on percussion.
The respiration in consolidation becomes more and more feeble as the air less and less distends the alveoli. When consolidation is fully established there is heard during inspiration a fine crackling rale over the affected area — the rale is absent in expiration. This is a very important sign in that it occurs in so few conditions. Hence it is produced by the adhesion of the bronchioles and alveoli, adherent by the exudate of the consolidation. It is obvious that it can occur only during inspiration. This rale ceases when consolidation takes

place, but again returns when the stage of resolution is reached which it is known as crepitant rales. This rale is audible for a brief period only and is followed by bronchial breathing and bronchophony. The cause of these is an increase in the conductivity of the lung by consolidation, by which the vocal and respiratory sounds are communicated directly from the larger bronchi to the ear. The dullness is now at its maximum and these signs continue until the stage of resolution or disappearance of the lobar exudate, moist sounds appear in the bronchial tubes.

expectoration reduces bronchitis to bronchophony is succeeded by a soft blowing sound. The flatness becomes dullness and vocal fremitus is less decided. The alveoli are gradually opened up to the admission of air and the restoration of the lung is very soon complete. If the disease passes to the stage of suppuration, the dullness of percussion continues and moist bronchial rales, due to pus in the air-tubes, are present. The auscultatory signs of solidification continue, and symptoms develop indicative of increased gravity of the disease.

Complications.

In consequence of the contiguity of the lung and pleura pleurisy is a very frequent complication of Pneumonia, and adds to it the usual signs of pleural inflammation - Pericarditis is a very dangerous complication. Empyema is also occasionally considerably developed. Pericarditis as well as granular degeneration of the heart may occur in the course of Pneumonia. To these may be added rheumatism, gout, and acute alcoholism. The systemic of typhoid pneumonia is generally admitted and more a form of pneumonia occurring in the

[illegible]

[illegible]

[illegible]

Cases Indexed in volume

[illegible]

rather than the fifth day, but generally
the crisis begins on the 10th day
from the day of the initial rigor.
The stage of suppuration is not distinctly
separated from that of red
hepatization, pus is not found
before at least from the second
It begins about the 10th day, lasts
several weeks and ends for several
days. The total mass of the
pus is thrown out in three
three weeks, but sometimes more or
less rapidly.
Epidemic fever is due to
3rd to 21st. Death is due to exhaustion
failure and obstruction of the
over [illegible]

the result of suffocation, but may
follow other stage of the disease
Death may be caused by the mere
extent of the pathology lesions
having supervened. The subject may
be debilitated, the lungs also may
be by congestion, but this may
not, as also as the bronchial
glands. The bronchial glands
be in the chronic form. Also
there are more the fact that
but there are not cases where the
but there is still difficulty in
the effect. The cause of
and consequent of the
consequent of the
and other causes of the

[illegible] of [illegible] [illegible]
permanent. The [illegible] [illegible]
and hypertrophy and [illegible] of
the prostate or [illegible]
secondary with the usual [illegible]
of [illegible] [illegible] etc. The [illegible]
result is said to be very [illegible]
death may result from one of the
complications as [illegible]

Prognosis —

Chronic cases of acute prostatitis
are diagnosed without difficulty.
The signs and symptoms [illegible]
distinct. At [illegible] [illegible]
confounded with [illegible]
[illegible] and [illegible] [illegible]
may be distinguished [illegible]

by the following facts: pneumonia
began suddenly, by a chill or rigor,
and is followed by high temperature —
pleuritic pains, cough, prostration, there
is a stage of hepatization and
the temperature rises slowly; the pneu-
monia is characterized by different
stages of a short duration
and is pneumonia in which there
is fever only a certain amount
of respiratory rate — in fever the
function and symptoms with the
respiratory rate: in pneumonia the
chills are fixed and temperature —
in fever the chills are fixed and
clear up with the fever: in pneumo-
nia the sputum takes place.

normal position — as planes the
heart and lungs are displaced by the
effusion; pneumonia is ushered in
and terminates by crisis — these
phenomena are marking in pleurisy
whose duration is indefinite.

Pneumonia and catarrhal pneumonia
differ as follows: the crisis of
pneumonia is sudden with a chill
and pain in the side — catarrhal
pneumonia begins with an ordinary
bronchitis and a feeling of tightness
under the sternum; pneumonia is
generally unilateral or affects lower
and terminates by crisis — catarrhal
pneumonia is bilateral and terminates
and does not end by crisis frequently

[illegible] is bounded by a [illegible]
of each lung, which retains the pneumonia is different on both. The difference between Bronchitis and pneumonia are usually well [illegible]
The pneumonia the root of the and [illegible] on [illegible] are both inflamed — in bronchitis only is affected in pneumonia there is dullness on percussion — in bronchitis the voice is unchanged in pneumonia in bad the expiratory sound is followed by bronchophony — in bronchitis in the [illegible] sound which is followed by [illegible] and [illegible] rales; the rales and bronchophony in pneumonia are

and this at the seat of inflammation only — in bronchitis there is effusion over the chest. In typhus there is a pleuro-pneumonia and in uremic pleurisy pneumonia is equally obvious. Without an examination of the chest, cases of pneumonia and cerebral symptoms may be taken for uremic ones.

Treatment

In treating pneumonia we should remember that we are dealing with a diseased tissue which naturally tends to recover. The great aim is to free it and that by gentleness or whatever method pneumonia may be determined to the

patient. Our management also should have referred primarily to the particular stage of the disease. The expectant plan as pursued by modern physicians seems to be greatly more successful than the bloodletting and tartar-emetic practice formerly employed. About this, however, there is still a difference of opinion. The high authority of Dr Williams thinks expectant medicine rational and successful; Dr Bennett thinks that most cases tend to recover with little other than expectant treatment. Dr Todd thinks that antiphlogistic treatment is dangerous and favors stimulant and supporting

treatment. Both these diseases are among those concerning which we are only left to a rational and sa-
-nitary management of the individual cases coming under our care, and no
most careful attention should be be-
-stowed upon the constitutional tend-
-ency, the actual state, and the
surrounding circumstances in each
case with which we meet.

During the stage of incubation most
may be accomplished by a full dose
of opium and ipecacuanha (p-ofe),
and small and repeated doses of
the tincture of aconite root - for that
also the good effects of bleeding
are distinctly shown. The author -

-tions for the employment of heart
debility increased the pulse showing
increased power of the heart action
and the condition of fullness or
at least a robust and vigorous
constitution. Scalding and stim-
-ulant applications to the chest
should also be used. An active
purgative should be given to as-
-sist in diminishing bloodpressure.
For the high temperature antipy-
-retics may be given as well as
effervescing fomentations which are very
grateful to the patient. Cupping may
be adopted by some. The treat-
-ment in the second stage has
reference to the prevention of con-

-culation, the production of exposure, and the extinct of the power of life. To lessen the mortality and promote the absorption of the exudation, the carbonate of ammonia is probably the best agent. The administration should be continued to the period of convalescence. During the stage all external irritation should be discontinued. They are unquestionably good during the stage of congestion, but are no longer useful when real hepatization has resulted and consequently cost are expensive authorities upon the already depressed state of the circulation. We have no doubt

during this stage, efforts should be made at the reaction. To accomplish this the cold bath and quinine are the most efficient means; but the quinine should be given in 5 drop doses every two hours until the temperature falls to a proper point. To combat the depression and support the vital forces have recourse alcoholic stimulants, and in this, that are especially indicated, Brandy can be given in doses of half a teaspoonful or whiskey should be used liberally administered, and should be given until the rectal temperature has fallen to 101. In all cases this

[illegible] a very important part of the suppurative treatment. Suitable alimentation also is an essential part of the treatment and should be practised from the very beginning without waiting for depression to come on. Milk, beef-juice, chicken-broth, etc., should be administered every two hours till it is certain that the treatment in conjunction with the alcohol may save life at this time of the crisis when there is great danger of cardiac failure. Among the stimulants brandy may be used most advantageously in cases where the most profound collapse is to be met with and the pulse indicates exhaustion with fai[illegible]

stimulation. During the progress of resolution the same principles of treatment are applicable and convalescence as established. If the disease advance to the stage of suppuration the prognosis is extremely unfavorable but success may follow the continuance of supporting treatment. Septicæmia is however very rare.

It can not be too firmly insisted that in the management of this as of many other diseases hygiene is of prime importance, and no efforts should be spared to secure good healthy well ventilated lodgings, and select such as the most favorable hygienic conditions possible.

Diphtheria.

Under different names this disease has been known from the earliest times. About sixty years ago, it received its present appellation, Diphthera, a false skin or membrane. This name, the significance of which relates to the most characteristic local event, namely the formation of a false membrane, has, to say the least, the negative merit of not involving any hypothesis concerning the pathology of the affection. It is a specific, contagious disease, of unknown origin. Occurring in all

latitudes. Except possibly in the extreme north. Affecting all classes and condition of people, and almost all ages. The majority of cases are patients are between the ages of three and twelve years. It attacks principally the upper air passages, covering them with a yellowish curd like lymph, or, when more intense, with its characteristic tenacious false membrane. But the Eustachian tube may be involved, even extending into the middle ear, the lips, the anus, the vulva and the prepuce

are sometimes invaded.
In certain cases of great severity, portions of the mucous membrane of the mouth and pharynx are separated in the form of sloughs which under decomposition ~~and~~ emit a foul odor, Poisoning the blood, sometimes with great rapidity, it lowers all the vital actions, and more perhaps than all any other disease, favors the formation of blood clots.
Extension of the diphtheritic process to the nose, or the deeper tissues of the neck

constitutes an essential feature of the so-called "malignant" form of diphtheria, and indicates severe concurrent constitutional poisoning, and an almost certainty fatal issue. Malignant diphtheria often comes on with no more severe symptoms than those which attend the commoner forms of the disease; and even when local signs indicate the course the malady is taking, and the observant physician foresees and dreads the impending change, there is frequently nothing in the patient's condition to alarm

himself or his friends. The spread of the disease to the nose is indicated by catarrhal symptoms, frequently attended early with some degree of epistaxis, and, ere long, with a copious flux of bloody ichor. In these cases anaemia and prostration come on with great rapidity; the pulse early becomes quick, irregular, extremely small and feeble and the surface cold. The death warrant has been issued, which will announce soon that the most innocent and beloved have to share the consequences of this fatal disease. Hemorrhages may occur

from the mucous surfaces, and petechiae appear beneath the skin; the patient is restless and occasionally delirious; the malady has its fangs implanted, and like the ferocious serpent, robs its victim of his lease of life. What its Materies Morbi is or how it enters the system, is yet a matter of conjecture. Lying long dormant, and forgotten, it may be, it often breaks out independent of atmospheric conditions, and all hygienic surroundings its development and diffusion being subject to no known laws. In this day of germ theories

the preponderance of opinion is that it is thus produced. But the carefully performed experiments of Oidtel and others, seem to show that, while fungi always are attracted by the disease, it is by no means certain that they are the cause. While it respects no age or condition, some individuals are much more subject to be attacked by it than others. And it is within the observation of all acquainted with the disease, that from some as yet unknown cause some families are not subject to it at all, even while living in the midst of a raging ep-

idemic. Another anomaly is that rural districts are observed, the world over, to be more subject to it than large cities.

The poison is believed to be introduced into the system in one ~~or~~ more of three ways; by inoculation; this is based on instances in which the disease has followed the accidental introduction of some of the diphtheritic exudation into the mouth or nostrils, as happened to ~~the~~ a late English Princess in kissing her children dying with the disease, or by absorption through some mucous membrane as the

throat or lungs; or it may be conveyed in the food or water taken, as is now believed to be the case with typhoid fever. Circumstances connected with the disease make it probable that the <u>matteries</u> whatever it may be, sometimes lies dormant for a long time, upon the walls of rooms where it has occurred, or in the clothing long laid aside of those afflicted; and that in some cases it may remain undeveloped in the system, for a considerable period, as is known to happen with the poison of the rabid dog. It is generally believed that one

attack of the disease affords some protection against future recurrences. In severe and fully formed cases, Diphtheria is easily differentiated from similar local inflammations, by its invariable development of false membranes, the invariable presence of albuminuria in some stages of the disease, and the immediate and extreme prostration of all the vital functions, that attend it. In slight attacks the diagnosis is not easy and certain. Eruptions frequently occur among children, and paralyses are not infrequent as

<u>singular</u>. These generally affect the vocal cords or muscles, and the depressors of the epiglottis, giving rise to altered voice, difficult deglutition and expectoration. The mortality of the disease varies according to its character, the age and vital resistance, of those attacked. Sometimes it is light, and sometimes it become the scourge of a whole region of country, setting at naught all treatment, and concomitant, of every kind. The cause of death in any case is believed to result from powerful contamination,

of the blood, producing thrombosis; or by occlusion of the air-passages by the presence of the false membranes formed therein. Sometimes exhaustion from hemorrhages, or want of food, takes place. In the treatment of Diphtheria, the whole round of the Materia Medica has been tried, without evidence of ~~their~~ its value in this disease, and often with injurious results. But while this seems to be the case, certain general principles, in its treatment, should always be borne in mind, and acted upon in every

case we have to treat. Everything should be kept scrupulously clean about the patient and an abundance of pure air admitted and kept at about 60° F. temperature. To support the declining strength, alcoholic stimulants should be frequently given and alimentation by rectum, if it cannot be taken by the mouth. Counterirritation externally, and cold - as with ice internally should be assiduously employed. And occasionally an emetic, especially with young children, may be required and repeated. It is thought by

some, that the chlorate of potassa, given to the full saturation of the system with it, may disinfect the blood, and act as a solvent of the formed membranes. The topical application of the nitrate of silver, of the tincture of iron, and the tincture of iodine, have had warm advocates. But the matured experience of the Profession finds them always uncertain, and often harmful. A Physician of my locality, who has had much experience in the disease, attaches great

value to the frequent insufflation of bismuth and alum, and the topical application of lemon juice to the whole throat, as far as may be reached, with frequently repeated external warm applications. The rationale of this treatment will at once appear to any medical mind. But let us hope that we may not much longer grope in the dark in this disease, but that science may soon give us its cause and its remedy, by which the direful consequences of this mal-

edy may be held in check and release its tenacious grasp upon the offsprings of the human race.

F. W. Lowry.

Theses.

Diseases of the conjunctiva.

First. Simple congestion.

On evesting the lids a number of reddish streaks may be seen extending backwards from the lid. These are the meibomian glands. If the conjunctiva is congested these streaks will be concealed more or less, & the palpebral portion is injected & rough. The upper lids, caruncle, and semilunar folds are somewhat swollen. The orbital portion is only slightly hyperæmic, some of its superficial vessels being engorged.

Diagnosis. If the hyperæmia is the conjunctiva the congested-

- vessels can be made to move over the sclerotic by pressing upon and moving the conjunctiva under the fringes, this cannot be done in iritis,

The conjunctival vessels are most congested towards its palpebral fold, and decrease in number & size as they approach the cornea the larger vessels are separate, and are of a bright scarlet.

In iritis the vessels are congested most around the cornea they form a zone.

In sub conjunctival hæmorrhage nearly always have some congestion but you can always distinguish by pressing on vessels

[illegible] operations. Burning, itching, eye
feel as if they had sand in them.
Bright light irritates the eyes if allowed
for any length of time causes patient
to stop work for a while.
The secretions from the glands
lachrymal & conjunctival increased
but not altered.
Patient complains of eyes watering
much this is increased by work
or light.
The lining membrane of punctum
& canaliculi become congested
by extension of inflammation.
Passage of tears becomes plugged
up and they collect in corners
of the eyes. the lids stick together
in the morning.

Causes. Sudden change of temperature
Dust getting into the eye.
Foreign body, Inverted eyelashes
Very common in the fluctuations and
intemperate.
Treatment. Remove the cause.
Eyes may be protected by smoked
glasses, weak astringent
lotions. Sulph. Zinc gr. 5
aqua ℥j. Tannin ℈ ss
Put in 3 or 4 times a day at night
smear ointment on the lids
yellow oxide mercury.
Cold douche and compresses morn
and morning. To shield eye lids
for 1 minutes affords remarkable relief
When ulceration is severe
guide [illegible]

If fine it is constitutional [illegible]
and a [illegible] diet, [illegible]
[illegible] If inverted lashes they
must be extracted.
Where it results from hypermetropia
cured by convex glasses.

Muco Purulent or Catarrhal
conjunctivitis. here the discharge
is mixed with muco purulent
matter, and it is contagious.
Lids are of a uniform redness,
conjunctiva slightly swollen, as a
general rule both eyes affected.
The sclerotic is hidden by the
congested mucous membrane.
[illegible] retinues [illegible] a great deal of
chemosis. this varies in degree

G [illegible] lid are [illegible] that [illegible]
[illegible] cell. The mucopurulent matter
collects in flakes and [illegible] floats
in the tears not mixing with them.
When the lids are [illegible] the tears
escape leaving this matter behind.
The disease extends to lining membrane
of meibomian glands, and they secrete
more, which [illegible] on the
margins of lids during sleep, so that
when patient wakes eyelids stick
together.
As result of increased secretion of
lachrymal glands, tears are apt
to get in front of cornea &
impair vision until wiped
away. The cornea remains
clear & the epithel contact & [illegible]

[illegible] of these circumstances are [illegible]
[illegible]ed. The patient suffers [illegible]
an [illegible] intolerance of light.
This attack may pass off in few days
unless the exciting cause continues
in operation. Under these
circumstances it may pass into the
purulent or degenerate into a chronic
state.
Causes are numerous, but most
often caused by changes in weather.
It often has an epidemic [illegible]
but contagion plays a prominent
part, often extends [illegible]
through schools & families.
Bad air, overcrowding, [illegible]
exhalations. Foreign bodies
an eruptive fever [illegible]

Treatment. Remove causes and heal the part at rest. Isolate [illegible] as far as possible. Look after state of general health. Astringent washes and smear lids with ointment before retiring. The eyes must have rest as well as medicines.

(2) Purulent [illegible]

Frequently end in destruction of cornea and partial if not total loss of sight. This is an [illegible], at first cannot say that it will pass on to suppuration, although in few hours all doubt will be cleared away.

In cases arising from [illegible] of gonorrhœa or other contagious matter

Symptoms of intense inflammation
rapidly come on.
The lids are generally swollen and feel
soft and doughy to touch, not so
in diphtheritic when they feel hard.
It causes the patient hard to evert
the lids. The whole conjunctiva
is of an uniform scarlet color, and
effusion into cellular tissue of
conjunctiva and chemosis produced.
The puncta close and are thrust
away from the eye ball, this causes
tears to be constantly running over
cheek.
The secretion is at first watery and resp
emblains mucus purulent matter and lastly
will be found to consist of pus
often tinged with blood.

[illegible] margin [illegible] of a day,
In diphtheritic [illegible] does not
come on until the fibrous exudation
has begun to degenerate which occurs
about fifth day.
It is positively contagious. In several
cases the circulation is impeded
and the swollen conjunctiva overlaps
the margin of the cornea, & have seen
it buried in the folds of conjunctiva
This leads to ulceration of the cornea.
We must examine the eye carefully
as to the condition of cornea.
If we cannot open lids without fear
of injuring something, then
we give chloroform & then [illegible]
to make a careful examination.
The danger is destruction of cornea

The elevation is often concealed by the elevated conjunctiva. This is to be pushed back or removed before the destruction underneath.

If the disease advances the cornea is perforated, and the lens prolapsed and may be evacuation of most of contents of eye. These changes take place rapidly. A cornea which was cloudy in the evening is clouded at night and by next day may have to be cut away.

As soon as the cornea is gone the patient is relieved. and for a time he is getting along well but we find his sight is lost. But as long as any part of the cornea remains the pilocarpin we must use it

If it only a small [illegible] the transparency [illegible] can give sight by [illegible] an artificial [illegible].

In most cases if healed right the cornea easily is destroyed [illegible] we see just enough.

Symptoms. Patient complains of seeing this [illegible] vessels and [illegible] photophobia and [illegible] of side of head pain extending to temple. In [illegible] cases there will be photophobia.

Prognosis. Depends upon condition of cornea. If it is clear favorable no matter how much the conjunctiva is affected. If ulceration has commenced doubtfully and if sloughing has begun not much hope but we may yet get some [illegible]

[illegible]

Trouble, contagious in most [illegible]
canal, gonorrhoeal pustules, or secretion
from vagina, or from another diseased
eye who is suffering with it.
Treatment is directed towards preserva-
tion of cornea. Nitrate of silver
gr x to ℥j painted over lids and also
dropped into the eye, or tannin
solution, ʒj to ℥j. dropped into
eye, every 2 hours, and continued
drops until congestion has subsided
& the discharge is less purulent
Oft. stillation of drops more the
continued at intervals night and
day of 2 or 3 hours
Keep bowels open and give tonics
Wash the eyes out with a solution

of [illegible] every half [illegible]
[illegible].

When the conjunctiva overlaps the cornea scarification away from the cornea.

Where the cornea is ulcerated nearly through and the elastic lamina still remains, [illegible] should be done, the puncture is to be made midway between the [illegible] of cornea and sclerotic.

Use atropia where the cornea is involved and isolate the patient.

Phlyctenular Conjunctivitis

There is generally two or three pustules, they occur in succession one after the other, and worry the patient a good deal

They are small the size of pin head and raised above the conjunctiva which is congested around the pustule.
They are of whitish or yellowish color and usually situated about margin of cornea, sometimes extends over it.
The pustule leaves an ulcer which is healed by epithelium from the [illegible] the conjunctivitis goes away and the parts are restored. This generally takes about three or four weeks without treatment. But with treatment I have seen them heal in three days.
Symptoms. Do not amount to much. Patient complains of pain in eye and slight pain. After the eye is used it aches and water.

Unless the pustules are multiple cancer
then we have photophobia and lachrymation
and pain.

Treatment. Calomel powder dusted
in eye 3 or 4 a day and general
treatment tonics and syrup of the iodide
of iron.

Chronic. Granular Conjunctivitis.

Individuals suffering from chronic
form, constantly have attacks of
conjunctivitis rendering them incapable
of performing their duties of life.

The termination is generally by destruc-
-tion of cornea.

It may exists for some time without
causing much trouble, but the unsound
surface of the lead to vascular
opacity of cornea

Symptoms. The only constant symptom is the granular bodies under the lids, which cause attacks of conjunctivitis.

Patient complains of slight pain intolerance of light and lachrymation, After each attack the neoplastic growths increase in size.

The granular bodies undergo absorption and leave a cicatrix, this causes vascular opacity of cornea by [illegible]

The patient ultimately becomes almost blind.

Treatment. Sanitary measures good food, fresh air

Sulphate of copper in
crystal.

The conjunctival troubles differ
from corneal and iritic troubles
in that they do not cause
much pain, photophobia, nor lachrymation.
The injections in corneal-
and iritic troubles generally form a
zone around the cornea.
In conjunctival troubles the lids
are always the most involved.

James. B. Lowry
Year 1883

Respectfully Submitted
To the
Faculty of Physic
of the
University of Maryland
By
W. C. Dalton
Virginia.

1843

Lecture

[illegible]

Dans les [illegible]
[illegible] l'Oxygène [illegible]
[illegible] et [illegible] les [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [

amount of the [illegible]
[illegible] is an [illegible].

The action of the secretory
organs on the substance, [illegible]
sin and acid, [illegible] [illegible] a
[illegible] [illegible] [illegible] [illegible]
[illegible], [illegible] [illegible] [illegible]
[illegible].

The action [illegible] [illegible]
continue [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] in the secretion of [illegible]
though [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
acid [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

The [illegible] [illegible] [illegible] [illegible] [illegible]

[illegible]

[illegible]

[illegible]

[illegible] figure [illegible]

[illegible]

[illegible]

[

[illegible]

In other words the contents of the small intestine reach the ileo-cæcal valve like one to a large open desired & their nutritious constituents. The secretion & water into the small intestine is about equal to the absorption, so that in the contents of the intestine near the cæcum is as fluid as in the duodenum though much more colored.

Passing on into the large intestine we once more find the contents distinctly acid as this is not caused by the secretion of the intestines as their secretion

is actual, and is produced
and is so much less as
the common chemicals.
The use of colored media
is the particular and new.
Take place in the case dissolve
more than it could chemicals
work is absorption and
this absorption is always
accompanied by the production of heat
a firm solid substance
The colors change from the cold
orange into a dark and dirty
green.
The measurements of the cases as
well as those of the cases which
are given are

[illegible]

[illegible] coat [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

A Brief Sketch of the
Cocheco Bank.
By
Hugh Francis Hayes
1883

The Cinchona tree which was
has spread to be used as
a medicine for fever is brought
from the remarkable Peruvian forest
in the interior of South
America, and is found
most abundantly in the
Peruvian Andes, especially in the
Peruvian Bolivian
from about 10° south to 20°
south latitude, it is also
found in New Grenada and
Venezuela, near the Caribbean
Sea.
The seeds are exported at Arica
from the Bay of the Pacific

Vegetation Cambium of Cucubalus. The cause of a place by holding the wounded bark.

The Cambium bent down to the plant stem to be one object than a general idea of plant bark. With a mass cannot bring material of about 6 th.

The Cambium was not found in the Vegetation but the leaves appear not to be in connection to their growth in fact, there of test growing are found at five feet high with leaves about 1 one foot

[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible].

The Cinchona [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
a height of from [illegible] to [illegible]
feet, with a diameter [illegible]
varying from 6 to 12 inches.
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
of our [illegible] from [illegible]
the [illegible]; of [illegible] [illegible] from
[illegible] [illegible] [illegible] [illegible].

The bark of the tree is
the [illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [

[illegible] by the [illegible] [illegible]
and nation. [illegible] [illegible]
[illegible] also [illegible] [illegible]
Carribees, from the word
[illegible] [illegible] [illegible]
These people [illegible] [illegible]
the [illegible] for [illegible] along the [illegible]
[illegible] [illegible] [illegible]
[illegible], [illegible] [illegible] to [illegible] [illegible]
[illegible] to the [illegible] [illegible]
[illegible] They [illegible] [illegible]
[illegible] [illegible] their [illegible].
They [illegible] [illegible] the [illegible] of
the [illegible] [illegible], [illegible] [illegible]
[illegible] [illegible] [illegible] to [illegible] [illegible] of the
[illegible] [illegible] [illegible] the [illegible]
[illegible] [illegible] [illegible] [illegible]

[illegible]

[illegible]

[illegible]

them.

The [illegible]

[illegible]

[illegible]

[

[illegible]

[illegible]

[illegible]

of the Europeans [illegible]
chief among which were the
Dutch and English to take
up the [illegible] to the [illegible]
[illegible] in these [illegible]
[illegible]. The English [illegible]
[illegible] [illegible] of
the [illegible], fruitless [illegible],
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] of the
ranges of the [illegible]
[illegible], [illegible] [illegible] [illegible]
[illegible].

Apart from these [illegible]
[illegible] there [illegible] [illegible]
[illegible] of [illegible] [illegible] in the
[illegible] of [illegible] [illegible]

[illegible] Mexico, although [illegible]
America is [illegible] one of the
[illegible] of [illegible]. [illegible] of
[illegible] from [illegible] being
[illegible] [illegible] [illegible]
[illegible].

[illegible] [illegible] [illegible] [illegible]
[illegible] the growth of the [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [

valuable [illegible] [illegible]
[illegible].

The [illegible] of [illegible]
[illegible] [illegible]
[illegible] [illegible] by the
[illegible] [illegible]
[illegible] the [illegible] [illegible] of
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible].

[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]

[illegible] the Alkaloids [illegible] —
having been discovered.
In the year 1818 the Parisian
French Chemists M. M. Pelletier
and Caventou published
after many laborious experiments
to discover the
poisonous principle of Nux Vomica,
which they named Strychnine.
This discovery of Pelletier
for which it proved to be
hailed by the professional world
delight; for the Strychnine
not only in a more tangible
form, but its administration
was not attended with so many
unpleasant effects as [illegible]

[illegible] of the [illegible] [illegible]
[illegible] of the [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible].

The Hay is most important
[illegible] [illegible] [illegible] [illegible]
Alpine; Cirsium Arvense and
Cirsium Lanceolatum. Hay contains
[illegible] [illegible] [illegible] [illegible]
percent [illegible] [illegible] [illegible]
proportion.

The most important outgrowth
in quinia which is found
most [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]

a [illegible] quantity of food.
The [illegible] [illegible] more
of Cinchona than [illegible] and
only a [illegible] [illegible] of
such.
Not Cinchona [illegible] [illegible]
equal quantities of bark of
[illegible], good [illegible] [illegible]
yielding from 2 to 3 oz of [illegible]
The therapeutic [illegible] [illegible]
being of the alkaloids of Cin-
chona [illegible] [illegible], that of
quinine, [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] of [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]

[illegible]

[illegible]

[illegible]

Smith W. R.

143

Scarlet Fever

This well-known disease may be defined as an infectious febrile affection, which manifests itself after a period of incubation of from four to six days. It is characterized by a scarlet efflorescence of variable intensity upon the skin and mucous membrane of the fauces and tonsils. The efflorescence commencing about the second day of the fever and showing about the 4th. Scarlet fever or Scarlatina is often accompanied by inflammatory

2nd

of the throat and sometimes of the submaxillary glands. Like measles it is a disease which occurs most frequently among children; but it is more to be dreaded. As a general rule, scarlet fever occurs only once during life, but occasionally twice. If a person has a second attack there is very often no rash little or no throat affection and the disease runs a very favorable course. Not from my own experience, but from others I am aware that scarlatina sine

3rd

exanthemata, may be followed immediately by desquamation of the cuticle; and subsequently by renal congestion with albuminuria. The scarlatina poison is of a subtle nature and does not appear to lose its power for some time. It attaches itself to bedding, carpets, clothes and other furniture. It may be transmitted by fomites as is proved by many instances of many medical men having carried the disease home to their own families. The poison appears to be destroyed by a temperature

4 7h
11

of 205-07. The infecting power is probably greatest at the beginning of desquamation. Some think there is some relative between the severity of the disease in the recipient and that in the individual yielding the poison. Attention has of late been directed to the circumstance, that patients who have recently undergone a surgical operation or who have wounded themselves accidentally may suffer from a rash which cannot be distinguished from scarlatina, and which is followed by

desquamation; although no history can be obtained of their having been exposed to infection. Varieties. There are three varieties of this disorder Scarlatina simple in which the skin is chiefly affected; Scarlatina anginosa in which both skin and throat are decidedly implicated; and Scarlatina maligna in which all the force of the disease seems to be expended upon the throat. Scarlatina simplex, or Scarlatina sine angina, after a period of from four to six days commences

commences with slight soreness about the throat nausea or vomiting chilliness soon succeeded by fever lassitude, and headache. The pulse is frequent the skin may have a temperature of 103° or 104° deglutition is somewhat difficult, and there may be restlessness with wandering at night. Convulsions may rarely happen. The eruption appears on the second day in the form of numerous bright red points which show themselves first on the face

and neck then on the arms and abdomen and lastly on the lower extremities. Sometimes the rash comes out so quickly that in twenty-four hours from first appearance it covers the whole body. Though more commonly a day intervenes between each crop, on the limbs. but especially about the fingers there is a diffuse and continued efflorescence, upon the trunk the rash is distributed in irregular patches. The eruption is of a bright scarlet color most distinct about the loins and flexures

of the joints it very generally terminates by desquamation of the cuticle, which begins about the end of the fifth day upon those parts where the rash first appeared. On the face and trunk the desquamation is in the form of scurf, while on the hands and feet large flakes of cuticle are detached so that it comes away in large flakes, but not always. At the same time that the epidermic exfoliation has been spreading on the surface of the body the mucous membrane of the mouth and fauces and nostrils

9th

as well as of the gastro intestinal canal has also been affected. The tonsils are often enlarged and swollen while the uvula is likewise swollen and relaxed. The tongue especially has an appearance characteristic of scarlatina. This eruption at first the lips and edges in at first covered with a thick white fur through which the red elongated papillae project but as this fur clears away the whole tongue becomes clean and perfectly red and of a strawberry appearance as the effective of the mucous membrane

terminates by resolution
However mild the symptoms
may be, as well as in other
varieties of Scarlet fever, the urine
should be frequently examined,
more particularly as to its quan-
tity, reaction, and presence from
albumen. Albumen is often
found before the sixth day
the greatest danger, are the
suppression of urine, uræ-
mia, and the deposition of
fibrine in the right cavities
of the heart. Scarlatina maligna
commences with more violent
symptoms than the preceding
there is headache with some

delirium, more pungent heat of the skin, troublesome vomiting, restlessness and marked prostration. About the second day complaint is made of stiffness of the neck, uneasiness of the throat, hoarseness and pain on swallowing. The fauces, palate, uvula, and tonsils get red and swollen, while the inflamed surfaces are found more or less covered with an exudation of coagulable lymph. If this inflammation goes on the febrile symptoms increase, the skin becomes very dry and hot, the temperature 104° or perhaps higher, the tonsils not

gorged with blood; while foul and deep ulcers quickly form on them. The efflorescence does not run as regularly as in the simple form: it does not appear nearly so delayed, to the third or fourth day, comes out in scattered patches on the chest and arms and shows a tendency to vanish the day after its appearance, and to re-appear partially at uncertain times. As the eruption fades about the fifth or sixth day the fever and inflammation of the throat begin to abate although the latter often remains sore causing the act of deglutition

to be painful and difficult for a week or two days after the disappearance of the rash.
During the progress of the disease particular attention should be paid to the internal organs since there is a great predisposition to inflammation of the internal organs serous and mucous membranes. Scarlatina maligna differs but little in its symptoms at first from Scarlatina anginosa. The fever soon assumes a malignant or typhoid character. There is great irritability restlessness a feeble irregular pulse oppressed respiration obstruction

of the fauces with viscid phlegm, occasionally diarrhoea and generally delirium. The tongue is dry and brown, tender and chapped, the lips, teeth and gums are covered with sordes, and the breath is extremely fetid. The throat is not much swollen but appears of a dusky red hue. The cervical glands are often involved in the inflammation. The rash is exceedingly irregular as to the time of its appearance and duration. I've many instances this form of scarlet fever terminates fatally on the third or fourth day. It is so severe that only

that only patients of vigorous constitutions survive. No great hopes may be entertained, however, if the seventh day be passed.

Sequelae. Children who have suffered from scarlet fever are very liable to have their health permanently affected, and to become afflicted with some of the many forms of scrofula, especially tuberculous ulcers, ophthalmia, scrofulous enlargements of the cervical glands, abscess in the ears, diseases of the scalp. & occasionally they suffer shortly after the attack from acute rheumatism, and from rheumatic pericarditis.

Diagnosis. Suspect it when there is frequent pulse & hot skin. Eruption comes out in 24 hours and appears on body first, sore throat and rash last with no catarrhal symptoms. Strawberry tongue. also cerebral symptoms. The temperature falls about the 5th day in mild and on 10th in grave cases. In Scarlet fever Bronchitis and Pneumonia are rare complications.

Prognosis. A dark red rash or coldness of surface hemorrhage or convulsions, vomiting or purging bad signs. Fibrinous casts and albumen in urine and

Deficiency of urea, are also bad signs. Warm perspirations are favorable. Occurring during pregnancy it is invariably fatal. If diphtheritic deposits occurs after Scarlet fever it is fatal. Causes. Contagious but propagated by epidemic influences. Period of incubation from 8 to 14 days. Contagious in all stages. Death from a second attack is unknown. Under three months the child is safe. After two years liability decreases. Treatment. A warm room well ventilated temperature 68°–70°F. As a prophylactic (℞ Extr. Belladon. grx Aqua ℥j. Div. in vesicatoria scalp lacerations)

18th

℞ Ext. Belladon gr iij. Alcohol ℥j
Aqua ℥j M. Sig. One gtt for each year
On first day - an emetic. Ipecac gr x
Alum ℥j. In constipation gentle
Cathartics, as Magnesia or neutral mix
ture. Protect from cold. To allay
excessive itching, rub with vinegar
and water or cold cream with
Glycerine. For second form a gargle
if the child is old enough; if not use
an atomizer Flaxseed lemonade &c
For stiff neck ℞. Ung Belladon. Ung Camph
Ā Āā. M. Sig use locally. To reduce
the temperature give Quinine.
In convulsions - warm baths (92°
- 96° F) If pulse be rapid and feeble
give a little Aromatic Vinegar. In
all cases use heated applications
out side. Take a teaspoonful

19th

of honey to one lemon, and
Oj of Flaxseed tea and drink during
convulsions. Stimulants. No leeches
or blisters. Respiration should be
kept free. Potass Permanganate, by
atomizer. For ulcerations of throat
use R. ac. Carbol. Pot. Chlorat. Pot.
Permang, Glycerine. When dropsy
occurs vapor baths. In malignant
cases use mustard foot baths & cold. cou-
ches to head. Bath of 95° 96° from
15 to 30 min. Ammon. Carb. Salt &
pepper gargle. Ice cream and acid
fruits. No bleeding or purging.

Respt
Yr R. Smith

A

[illegible]

on

[illegible]

by

[illegible]

[illegible]
[illegible]

To

Dr Geo. Ro. Campbell

Mr Peebles

I dedicate this Thesis as a slight acknowledgement of that I owe his lordship and family

Geo. P.

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] Colleen

Against [illegible] Felony

[illegible] Clearance

[illegible] Questions

[illegible] Division of [illegible]

[illegible] Reported by [illegible]

the Second Day's Clearance

[illegible] Due to the

Absence of the Prisoner

[illegible] the Petition.

Friend says that the [illegible]

Questions [illegible]

[illegible] Land [illegible]

[illegible] Clearance [illegible]

[illegible]

Trance

The Trance is the vital
Cessation of Consciousness
It is found that the internal
Senses & Sensations
are abolished & the Trance
is a Sort of Deep. The internal
of Sense & Sensation
are - [illegible]
of a Cataleptic Fit. It has
the Resultant Feeling of being
that the Soul is a Slave
Trance. The introduction of a
Trance is of a Sudden
of the Trance Second Moment
Trance. It is [illegible]
Actions it has the Feelings of

A Fuel of Government –

The secretion from Plants is
[illegible] lower than from
the Vertebrated Animals
it is also less rich in Nitrogen
than the [illegible] The Secretion
not modified the same by
those which the secretion depends
on in the Vertebrated
Secretions – the Duration of the
Plants is comparatively [illegible]
to Animals. The Plants
is not readily affected by
loss of substance and hence
does not [illegible] a Centre
of the [illegible]
Plants and the [illegible]

[illegible] [illegible] in [illegible] &
[illegible] or [illegible] the [illegible]
[illegible] & [illegible] at all
it is [illegible] [illegible] [illegible]
on the [illegible] [illegible]
[illegible]
The Chancel has [illegible] & [illegible]
[illegible]
Chancel [illegible] to [illegible]
[illegible] as a [illegible] into
[illegible] Chancel [illegible] &
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
Transverse [illegible] "[illegible]
[illegible]" [illegible] [illegible]
[illegible] "[illegible] [illegible]" [illegible]

a great deal resembled
Chaucer in his style & more
especially in the imitation of
the Scottish, and Scottish
Chaucerian poets. Gower
and Chaucer seem to have
read & admired each other.
Gower's Chaucer is
[illegible] Gower's Chaucer
[illegible] Correction
of Chaucer is some
perfect specimen possible to be
[illegible] [illegible]
[illegible] Chaucer [illegible]
[illegible] [illegible]
[illegible] [illegible]
Chaucer [illegible] [illegible] [illegible]

[illegible] and
[illegible] the delta, it is said
that indentations of shores
is much less marked in
[illegible] — in regular
in secondary formations in
[illegible] it would not
be well to say that they
did not have [illegible]
because we could not find
the initial lines of shore
in radial, except in the
commencement, so very
rare. Moreover have so much
[illegible] been about
[illegible] that the
[illegible]

not so easily forced as the first. Elements of Phosphorus, Iron, or Sulphur [illegible] Calomel is used as a tonic & [illegible] the dose. [illegible] Universal Vitalist Practitioner Accordingly [illegible] Prescribed [illegible] in the case with [illegible]

Dr. Rowe

An explanation of the [illegible] the [illegible] treatment, [illegible] from a result of [illegible] study to establish the [illegible] that [illegible] [illegible] is [illegible] [illegible] of the

[illegible] Exhibitie [illegible] on
the Dorsteen is a simple [illegible]
[illegible] the [illegible] of [illegible]
with the [illegible] of the Chinese
on the Exhibitie [illegible] is not
[illegible] [illegible] Chinese. It [illegible]
kind of [illegible] on Chinese
the Exhibitie [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
week. [illegible] [illegible] —
Dit [illegible] [illegible] [illegible]
[illegible] for [illegible] [illegible]
but [illegible] the [illegible] of [illegible]
will [illegible] [illegible] [illegible] —
we will be likely to [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

[illegible] of [illegible] [illegible]
[illegible] received [illegible] [illegible]
[illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [

He is among the Dominicans
his train is also, although
[illegible], [illegible] his [illegible] T-
[illegible] their [illegible] of [illegible]
[illegible] of the [illegible]-[illegible]
[illegible] to [illegible] [illegible] [illegible]
[illegible] been divided into [illegible]
[illegible]-[illegible] the [illegible]
[illegible]; [illegible], [illegible]
[illegible] [illegible] and
the [illegible], it is said too
[illegible] that [illegible]; [illegible]
and [illegible] [illegible] [illegible]
[illegible] - [illegible] - [illegible] the
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]

[illegible] Alternative Cofferdam
[illegible] Their [illegible] Cleaning
[illegible]
[illegible] other Skin Diseases by
[illegible] of [illegible] [illegible]
[illegible] Vaccination [illegible]
[illegible] of Stealing [illegible]
Cotton [illegible] of [illegible]
[illegible] [illegible] [illegible]
[illegible] Helen.
Treatment of [illegible]
Should [illegible] [illegible] 2 or 3
times a week [illegible]
[illegible] steel or [illegible]
with [illegible] of the
[illegible] [illegible] [illegible]
[illegible] [illegible]

[illegible] at the Lee-
[illegible], [illegible] of [illegible]
[illegible], [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible]

[illegible]

The following -

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] not much [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible]

Lectures - [illegible]

It has been found advisable to be attended longer than Chlorodyne usual [illegible] [illegible] [illegible]

you can keep them about for
a time or first
When they come in the
mouth it is cured to
with Nitrate of silver [illegible]
[illegible] Caustic and then [illegible]
[illegible]
Testicles [illegible]
after the [illegible]
the [illegible] and the effect
it has [illegible] [illegible]
as testicles [illegible]
Period that it usually
comes itself is from six
to eighteen months [illegible]
often then do not recommence
after [illegible] [illegible]

[illegible]
The two Houses of [illegible]
[illegible] Mexican Pine
Cone, Cactus, Pito Cactus
and Sensitive, all but
[illegible] have now become
involved in this stage
[illegible] most [illegible]
lateral branches at [illegible]
[illegible] 58
[illegible]
[illegible]
[illegible] Constitutions of this country
[illegible] these necessary
two have passed [illegible]

[illegible]
[illegible] Also [illegible]
[illegible] architecture [illegible]
[illegible]. Discovery is [illegible]
[illegible] [illegible] [illegible]
[illegible], [illegible] or [illegible], are
[illegible] with [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [

[illegible] without [illegible]
[illegible] than [illegible]
[illegible] often [illegible] [illegible]
[illegible] [illegible] [illegible]
on the [illegible] of [illegible] and
[illegible] that do not [illegible]
[illegible] of [illegible] to [illegible]
[illegible] [illegible]

[illegible] treatment of [illegible]
[illegible] — hygiene and [illegible] are
[illegible] [illegible] [illegible] the [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] air — [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]

[illegible]
[illegible]
[illegible]

[illegible]

this last to take, hold, and

[illegible] and

[illegible] in their

[illegible] I [illegible] a deed

under this deed should

the [illegible]

[illegible] should be deemed

the [illegible] [illegible]

[illegible] effects

to this is the [illegible]

[illegible]

President receiving [illegible]

[illegible] be testing [illegible]

[illegible] place [illegible]

[illegible]

[illegible] kept in [illegible]
with the [illegible] [illegible]
[illegible] of [illegible] [illegible]
[illegible] to [illegible] been [illegible] [illegible]
without [illegible] of [illegible]
if it is not [illegible] [illegible] their
to do so. [illegible] been a [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
Dr. Kerrmann* has written a
[illegible] — for [illegible] (Med.)
in which he states, [illegible]
Bi Chloride of Mercury with
[illegible] [illegible] results

[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]

This is what we need with
your great generosity in your
[illegible] and that with [illegible]
the blessing [illegible]
[illegible] should be made
[illegible] this [illegible] [illegible]
[illegible] or [illegible] the [illegible]
of the [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Diseases of the
Nervous System

Char Hazard

Die [illegible] zum

[illegible]

[illegible]

[illegible]

[illegible]
[illegible]
[illegible]

[illegible]

[illegible]

[illegible]

troubles or - [illegible] [illegible]
to divide [illegible] [illegible] [illegible]
that themselves in [illegible]
[illegible] and their [illegible]

[illegible] [illegible] a [illegible]-
[illegible] [illegible] [illegible]
to their [illegible].

[illegible] their [illegible] [illegible]
[illegible] [illegible] [illegible] to [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]

Sometimes that we find
[illegible] the initial cause
as to be an [illegible] disease
[illegible] through the bones.
Should the disease
have its commencement in [illegible]
[illegible] with [illegible]
to thoroughly examine to
[illegible] the possibility of a
death [illegible]. This condition
[illegible] be distinguished
[illegible] to be [illegible]
[illegible] to be [illegible]
[illegible] to [illegible]
[illegible] to [illegible]
[illegible] in [illegible]
[illegible] to [illegible]

[illegible]
[illegible]
[illegible]

[illegible]
[illegible]

[illegible]
[illegible]
[illegible]

Wenn wir jetzt nach
Wesen der Wärme + Elektri-
zität, der Frage nach der
Ursache, nach dem Verhältniß
zu Raum und Zeit, zur Materie
und Kraft, zur Substanz
und Causalität, zur Zweck-
mäßigkeit und Gesetzmäßigkeit
der Natur, zur Erkenntniß
und Sittlichkeit, zur Religion
und Unsterblichkeit
Wenn wir jetzt nach
Wesen der Wärme und Elektri-
zität fragen, so werden wir
dann sehr bald einsehen, daß
es unmöglich sein wird, zu
einer Definition dieser Phänomene
zu gelangen, die
Wesen der Wärme und Elektri-
zität fragen, so werden wir
dann sehr bald einsehen, daß
es unmöglich sein wird, zu
einer Definition dieser Phänomene
zu gelangen, die

we are likely to find an inflammatory condition of surrounding tissues with lymph in less proportion of the secretion.

The natural opening of the cavity which is distributed in the middle meatus can be differentiated by inspection, the secretion and edema of the middle meatus cannot be distinguished.

The best advice to give is to keep the ear dry as long as there is discharge or inflammation.

well as to gradually disfigure the face, and finally some part is entered, which is most frequently, and fortunately, the sclerotic wall, going to operate. Here it may be mentioned that the weakest point in the walls of the eyeball are the middle meatus, the fun of the orbit, the ciliary nerves and the canine fossa.

An opening once established will allow the contained fluid to discharge. This accomplished the patient is taken & operated below

under the impression that a cure has been established but alas! this contentment is of short duration for the offering man soon tires or be bluffed his when again the pain is increased until the opening is renewed by nature or artificial means. Even now the disease has become chronic and the constant unhealthy and disagreeable discharge proves intolerant to patient and associates for it is here that abnormal secretion of the most

pinkish character take on a most offensive odor.

Now if the disease shows no tendency to abate it may have disastrous by causing caries and even cancer has been known to develop.

This dyspnea being a result of inflammation is further recognized by pain of a lancinating or knife & deep seated character with edema & tenderness of the chest.

The occurrence of rigors and fever is indicative of the formation of pus

and a more chronic condition.

True abscess is extremely uncommon & many of the cases cited are simply of a dropsical character having become chronic & giving rise to a purulent effusion. The abscess not uncommonly met with is an abscess which has burrowed through the bone, mastoid, its discharge under the sternum - and thus we account for the non-escape of the pus through the natural opening in many instances.

This condition should receive the earliest attention for this softening & destructive process will soon produce an opening which, when in the face leaves an unsightly cicatrix, or what may prove more serious - the eye may be cauterized.

Both malignant & non-malignant tumors are found in this sinus and when they do exist should receive the closest attention for the malignant growths rapidly

inside the surrounding parts & the consequences may have quite serious bearing deformity and possibly permanent blindness while more frequently necrosis or caries of the bone results.

Treatment.

When the result of syphilitic cachexia, of course the specific constitutional treatment must be directed with the addition of local antiseptics. The constitution of the patient must

receive attention in every case with tonics & other treatment as indicated.

Before local remedies may be employed an diagnosis must be objected, which can be accomplished by ascertaining the natural opening for what is retained by extracting the 1st. or 2nd. molar on the affected side. Giving preference to the tooth which is in our now diseased.

The buccal root of the 1st. molar being best adapted for the application

of remedies & the escape of fluid. Do not hesitate to enlarge it, even sufficiently to admit the finger. Now a canula should be inserted through the opening to allow the continual escape of fluid and prevent the opening from closing.

This should be made of gold, silver or platina the latter being preferred because of its durability and easy adaptation.

This tube must be fastened to an adjoining

truth. Even a small truth should be sacrificed when there is no tendency to cure.

An opening having been secured, relief water injection should be made to thoroughly wash out the cavity, when further treatment may be instituted. Care must be taken to prevent food from lodging through the opening as any organic substance will only irritate

inflammation and thus counteract the treatment.

While antiseptic, stimulating and astringent washes are indicated, it must not be forgotten that cleanliness is "nine parts of the law."

A weak solution of Permanganate of Potash is an excellent remedy; at the same time, stimulating injections of the sulphate or chloride of Zinc, tincture of Iodine, Carbolized water &c should not be

neglected. Solution of Glycerine & Tannin and Acetate of Alumina are excellent while a douche of solution of Salicylic Acid and Chlorate of Potash must be borne in mind as specifics.

Chloride of Zinc is most beneficial when degenerating ulcers are produced from retained secretions.

Solution of Chloral Hydrate is most happily beneficial in the diseases of mucous

membrane, being itself without a perceptible odor, and at the same time both antiseptic and disinfectant, besides securing an agreeable and soothing sensation to the patient. One gram to the ounce being sufficiently strong.

This agent quickly stands second to none as an application to affections of the nasal passages.

Thesis:—

Respectfully offered to the
Faculty of the
University of Maryland
School of Medicine.

Feb. 19th 1883.—

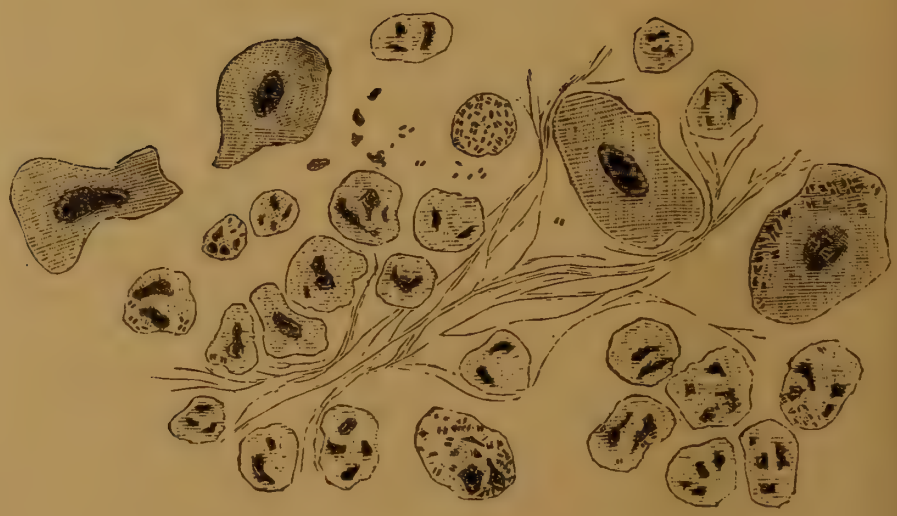
IS GONORRHŒA A BACTERIA DISEASE?

THE INVESTIGATIONS CARRIED ON IN THE OUT-DOOR DEPARTMENT OF SURGERY OF THE UNIVERSITY HOSPITAL, BALTIMORE.

BY NEWBERRY A. S. KEYSER,
Student of Medicine at the University of Maryland.

(Reprint from Maryland Medical Journal of February 15th, 1883.)

Plate I.



Gonorrhœal Secretion with Neisser's Gonococci Magnified 800 Diameters.

Plate II.

Manner of Growth of the Gonococci. (after Neisser.)

Drawn by Newberry A. S. Keyser, Balto.

IS GONORRHŒA A BACTERIA DISEASE?

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BY NEWBERRY A. S. KEYSER,

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There is probably no question of more interest before the profession to-day than that of the dependence of nfectious diseases on the presence of certain definite organisms.

When we see a man one day in full health, and the next day sick; when we see, furthermore, that his sickness follows a certain definite type, that at one time we will always have inflammation of certain organs, or that his fever lasts a certain time and is of a certain degree; and then, after a time, his disease either terminates in recovery or in death, we are almost instinctively led to suppose that something has entered into the body producing, as the effect of its presence, these changes. It would be just as logical to suppose that a field of grain could arise spontaneously, as that diseases, which differ among themselves, as the different sorts of grain might be said to differ, could have a spontaneous origin. The body represents the passive field, the disease the growing crop, the seed sown in the field from which the crop proceeds the materies morbi of disease. That this materies morbi is in every case a definite living organism is a matter which may now almost be considered as having been proven, not only by direct but also by indirect experimentation.

This question is one of interest in advancing the general art of medicine, and of bringing it nearer to its ultimate goal, that of withdrawing it from the sloughs of speculation and of making it a science in the true sense of the word. It is also a question from which has sprung practical results of the utmost importance, not only in hygiene but also in therapeutics.

Among the diseases which we know

are caused by a definite organism, and in which the organism is distinguished by peculiarities of form and of growth from other organisms, is gonorrhœa.

To Prof. Neisser, of Breslau, is due the credit of having discovered the constant presence of a bacterium in the secretions of gonorrhœal inflammation. For a long time past it has been asserted by various observers that bacteria were present in the gonorrhœal secretions, still no definite description of their forms was given. In the indefiniteness of our knowlege a few years ago concerning bacteria, the presence of minute objects under the microscope and of debris of all sorts was sufficient to cause a diagnosis of bacteria to be made. Neisser* was the first to furnish us with any positive light on the subject. His investigations published in 1879, on the "Organisms Found in Gonorrhœal Pus," are of extreme interest; not only for their intrinsic worth, but also as giving the impetus which has started a number of investigators to work on the subject, giving results worthy of our closest attention.

Neisser investigated the secretions of thirty-five cases of gonorrhœa, also seven cases of purulent ophthalmia neonatorum and two cases of blenorrhœal ophthalmia in adults; and in each of these cases he found constantly a peculiar form of micrococcus. These micrococci occur in groups, which are always intimately connected with the pus corpuscles and apparently situated in the bodies of these; though Neisser says, that when they are observed with the best homogeneous immersion glasses, they will be seen not in the body of the cells but upon their surface. The single individuals, he continues, are half-round in shape and unusually large. They are seldom seen lying singly. Almost always one sees two micrococci lying close to one another; so closely, indeed, that they give the observer the impression of a single organism having a shape similar to that of the figure eight. As a general rule, in the pus cells multiples of them are seen; two, four, eight, sixteen, and so on; and in some cases their number in the cells is so great that the cells will be completely filled with them, resembling then very much the plasma cells described by Ehrlich. Neisser also investigated pus from other sources and failed to find them, viz: Soft and hard chancres, bubo of every description, etc., etc. In thirteen cases of simple vaginal secretion they were not found; but they were found to be abundant in the purulent secretions of two young women who were proven to have been misused by a man suffering from gonorrhœa. These experiments of Neisser have been confirmed and extended further by various observers.

Weiss * found these micrococci in twenty-three cases of gonorrhœa in females, and nine cases of the disease in males; but failed to discover them in his investigations of the secretions of simple urethritis, different forms of chancre, bubo, balano-posticus, vaginal leucorrhœa and suppurative arthritis.

Bokai † cultivated the cocci from secretions of (*a*) an acute conjunctival blenorrhœa which was a few days old; (*b*) an acute conjunctival blenorrhœa of the second week (*c*) acute gonorrhoea of the first, second and third week. Bokai does not describe his exact method of cultivation; but contents himself with saying, that it was done in such a manner as to preclude the presence of other organisms. Each

* A. Neisser.—Centralblatt f d. Med. Wissenschaft, 1879, No. 28, "Ueber ein der Harnrœhrestrippers eigenthuemliche Mikrokokkenart."

* Dr. F. Weiss.—"La Micro du Pus Blenorrhagique." These de Nancy, 1880, and Gazette Hebdom., Nov. 12th, 1880.
Weiss.—Annales de Dermatol., 1881.

† A. Bokai.—"Ueber das Contagion der Acuter Blenorrhœæ." Centralblatt, 1880, No. 74.

of his culture fluids after two or three weeks was swarming with micrococci, which were in every way identical with those described by Neisser. With these cultivated micrococci, infection experiments were made on the human urethral mucous membrane. Six students, whose self-sacrifice in the interest of science is ever to be commended, offered themselves as subjects of experiment. In three cases an acute urethral gonorrhœa, with all the well-known symptoms, was caused.

Neisser's results were also confirmed by Aufrecht,* Ehrlich,† Gaffky, Rücker,‡ Brieger; and by the ophthalmalogists Sadtler, Leber, Haab,§ Hirschberg¶ and others.

In a second publication on the subject‖, Neisser again lays great stress on the fact that the micrococci described by him in his previous communication differ not only functionally, but also morphologically from all other forms He describes fully their manner of growth, which he illustrates as shown in Plate II. His description is as follows:

(*a*) The isolated micrococcus is round.

(*b*) It grows very soon to a long-oval, short corpuscle.

(*c*) It then quickly begins to divide in the middle: so two micrococci arise. It cannot be decided whether the great majority of micrococci which are seen in this stage, *i. e.* in pairs, depend on a long adherence of the two single micrococci to one another, or whether it is that the multiplication by division takes place so rapidly that the single individuals in their isolated form seldom come under observation.

(*d*) Finally, the single micrococci separate from one another, and remain separated by an interval which corresponds to the size of a micrococcus.

(*e*) Soon the single micrococci begin again to elongate; but this time their direction is at right angles to the first division-plane. In this manner, in that every individual again divides into two micrococci, very frequently small groups of fours arise. These colonies of micrococci are enclosed in a mucous-like membrane, which is made visible by the throwing in of diaphragms.

Neisser cultivated these bacteria and found that the best results were obtained from a cultivation on flesh-extract peptone gelatine of neutral reaction. The prepared gelatine was spread out in shallow vessels and inoculated with the gonorrhœal secretion. After this inoculated gelatine was kept twenty-four hours in a warm chamber, it was covered with a soft yellowish-white membrane having serpiginous edges. He carried this cultivation through seven generations, and made numerous inoculation experiments on the lower animals, but without success.

So far we see that it was pretty certainly ascertained that this form of micrococcus is always associated with gonorrhœa; still, the causal connection between the two could not be considered as being satisfactorily established; the only work which had been done on the subject being that of Bokai, which left much to be desired in clearness.

The next work on the subject was that of Krause.* This investigator

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*A. Aufrecht.—Pathologische Mit.

†Ehrlich.—"Ueber Methylen blau und s Klin. Bacteriaskopische Verwendung" Zeitschr. f. Klin. Med. 1, pg. 70, 1881.

‡G. Ruecker.—"Ueber Polyarthritis Gonorrhoica," Deutsche Med. Woch. 1880.

§O. Haab.—"Kleinere Ophthalmologische Mit." Corres. f. schweitzer Aerzt. O. Haab.—Der Mikrokokkus der Blenorrhœa Neonatorum." Festschrift. Wiesbaden, 1881.

¶Hirshberg and F. Krause.—"Zur Pathologie der Ansteckende Augenkrankheiten." Centralblatt f. pract. Augenheilkunde.

‖Neisser.—"Die Mikrokokkus der Gonorrhœa," Deutsche Med. Wochenschrift, Mai 1882, No. 20.

*Dr. F. Krause.—"Der Mikrokokkus Blenorrhœa Neonatorum." Centralblatt f. pract. Augenheilkunde, Mai 1882.

cultivated the cocci obtained from the blenorrhœal secretion, using for his culture fluid sterilized blood serum from sheep, kept at blood temperature. The material used for the culture was taken from the eyes of twelve children affected with blenorrhœal ophthalmia, altogether from twenty-three eyes, and in all of these, after first determining the presence of the characteristic micrococci, pure cultures were made. K. described very fully the manner of growth of these micrococci; and, according to him, their growth is slow and spreads over the gelatine in a thin yellowish soft membrane. Inoculations with the cultivated material, as well as with the fresh blenorrhœal secretion, on the cornea, in the conjunctival sac, and the urethra of grown rabbits, also on the cornea and conjunctiva of young cats, pigeons, mice, etc , all gave negative results, as did also subcutaneous inoculations of rabbits and mice. But in the case of four new-born rabbits, successful results were obtained by inoculations on the conjunctiva of material from the pure culture.

Königstein * has made frequent inoculation experiments with the secretions of blenorrhœa neonatorum. This was smeared into the eyes of rabbits and dogs; and in some cases, after so doing, the eye was sewn up. Here all results were negative, even those made on puppies which were still sucking. In speaking of the microscopic examination of the secretions, Königstein confirms Neisser's discovery, but does not agree with him in considering the diplococci as characteristic of a gonorrhœal inflammation of a mucous membrane. He seems to come to this conclusion because his inoculations on animals were not successful.

In Sept. 1882, Bockhart* published his experiment in inoculating the gonococci on the sound human urethral mucous membrane. His description leaves nothing to be desired in point of clearness. The subject of the experiment was a forty-six-year-old paralytic, completely anæsthetic, whose death was expected daily. The material used for infection consisted of gonococci grown in flesh-infusion gelatin, through four generations.

The urethra of the individual experimented on was previously perfectly sound. Forty-eight hours after injection there appeared at the meatus urinarius a slight redness, and on pressure a small quantity of mucous secretion could be obtained. The symptoms increased, and on the sixth day a typical gonorrhœa was found, which increased in severity up to the twelfth day, when the man died. During the whole time the characteristic gonococci were found in the abundant secretions. On post-mortem examination the urethra was found in a state of acute inflammation.

From these experiments, and particularly from the one last quoted, the causal connection between the characteristic micrococci, or *gonococci* as they are called, and gonorrhœal inflammations seems established. In all inoculation experiments with these bacteria we have to contend with the same difficulty that is found in the case of lepra and others diseases; that is, the almost impossibility of transfering them in any way to the lower animals; and, we have not yet reached that point of civilization, when the law would turn over to pathologists, for experimental purposes, the organs of condemned criminals. To assume in all cases that an organism cannot be held as a cause of a disease, because it will not produce a similar

* Kœnigstein.—"Zur Prophylaxis der Blen. Neonatorum." Vortrag gehalten in d. k. k. gesellsch. d Aerzte in Wien.

* Bockhart.—"Beitrag zur Aetiologie und Pathologie des Harnrœhrestrippers." Sitzungs Ber. d. Wurz., Phys. und Med. Gesellschaft, Sept. 1882.

disease in another species, were just as logical as to say that seed were inert, because, when thrown into the street or upon a rock, they would not germinate.

Ogden,* however, has described similar forms of micrococci in pus coming from other sources, and depicts in pus of abscesses taken from various parts of the body forms agreeing almost exactly with the gonococci of Neisser.

It was with the object of satisfying myself, as to the correctness of Neisser's views, that I undertook the examination of a large number of cases of purulent secretion taken from all possible places, and occuring in a number of different pathological conditions, as well as the investigation of a large number of gonorrhœal cases.

The method used for the microscopical examination was that recommended by Koch and Ehrlich, and is extremely simple:—The secretion is spread out evenly, and in a thin layer, on a cover slip. This being best effected by placing on one cover-slip a drop of the secretion to be examined, and covering it with another slip. The fluid will then spread out and fill up all the space between the two. By then drawing one from the other (not pulling them apart) a thin layer not more than one cell deep is obtained on each. Then, in order to render the albumen insoluble and prevent a too diffuse staining of the specimen, the cover-slip is heated up to about 110° C. (230° F.). The desired point of heat is readily reached by drawing the slip, with the side to be examined uppermost, through the flame of a Bunsen burner or an alcohol lamp, two or three times. The albumen may also be rendered insoluble and a good staining produced by other methods; such, for instance, as immersing the cover-slip in absolute alcohol for several days or weeks; but the method described will be found the simpler and will give in the main better results.

For staining the specimen a two per cent. aqueous sol. of methylen blue was found most desirable. The cover-slip, having been prepared by the method described, a few drops of the staining fluid was poured upon it. This was allowed to remain for about ten minutes. The slip was then held in a stream of running water, and, after being allowed to dry, was mounted in the usual manner in balsam.

This method is the only way in which one can hope to be able to make a positive diagnosis as to the presence of bacteria in albuminous fluids. Preparations of gonorrhœal pus made in this way are extremely beautiful. The dim outlines of the pus cells can be seen; their nuclei are slightly stained, and in some of the cells the gonococci will be found. These are present in variable numbers. In some cases they are so abundant, that in one field of the microscope, several cells containing them will be seen; at other times, a long search is necessary before they can be found. They are always most abundant in the early stages of the disease, when there is a thick creamy discharge. Their appearance is so characteristic that when once seen they are not readily mistaken for anything else. Rarely will other forms than these be found in the gonorrhœa of the male. In the female, on the other hand, there will be found along with these characteristic forms other forms of the innumerable species of bacteria which seem to have their favorite abode in the vagina.

By the kindness of Prof. Tiffany, I was permitted to carry on my investigations in the out-door department of surgery of the University Hospital.

In the course of these investigations I have examined the secretions of *sixty-seven* cases of gonorrhœa in males

* Langenbeck's Arch. f. Chirurgie.

with durations varying from two days up to nine months, *and in none of these save three were the characteristic gonococci missed.* In two of the cases where they were not found, one of six months and the other of two months duration, the secretion was extremely scant, and the cases had been treated vigorously; and in the remaining case giving a negative result, which was of one week standing, the secretion was likewise very scant, having stopped, to be succeeded by a bubo of an inguinal gland. Of the whole number of cases of gonorrhœa examined, *thirty-three* were from whites and *thirty-four* from negroes; but I could distinguish no difference in regard to the number or character of the gonococci in either case, to explain the asserted fact that the negro suffers less under the gonorrhœal inflammation than does the white man.

The description of the gonococci, as given by Neisser, has been found in the main to be correct; but, I differ with him in thinking that the bacteria lie upon the surface of the pus corpuscles, and am of the opinion that they are contained within the cells themselves. Sometimes they are seen lying free, apart from the cells; in which case, it is most probable that during the manipulation of the specimen some of the cells have been crushed and thus the bacteria have escaped.

There were also investigated with a *positive* result with regard to the gonococci: *one* case of ophthalmia neonatorum, in which the eyes had been destroyed, and *three* cases of purulent ophthalmia in adults, in which the patients were known to have had gonorrhœa; and, further, the urethral secretions of two of them were examined and the *specific bacteria found.* In *two* cases of muco-purulent ophthalmia, one in an aged negress and the other in a child of three years, the gonococci were *absent;* also the secretions of *three* cases giving the histo of *simple urethritis* were investigate and *no* specific micrococci could found; although there were larg numbers of other forms of bacter present.

The history of these cases of sir ple urethritis is as follows:

Case I.—An epileptic, very ana mic, and suffering from spasmod stricture of urethra, for which soun were being passed, who stated that had never had the gonorrhœa, b that for some time past, at interva of every three or four weeks he ha had a slight urethral discharg accompanied with some inflammatic and a burning pain on urination, whic discharge would disappear in a fe days without treatment.

Case II.—A married man, wh was suffering from a thick cream discharge, and who earnestly asserte his freedom from any possible co taminating influence and who w just as confident also that his wi had no specific disease.

Case. III.—A history similar that of Case II.

The latter cases are of a kir commonly met with in practice and, although the history is n reliable by itself, yet the negative r sults of the microscopical examinatic justify me, I think, in calling the cases of simple urethritis.

In *one* case of gonorrhœal knee i flammation, where the patient ha had a specific vaginitis, but was no free from discharge, the fluid wa withdrawn through a hypodermi needle and examined. It containe only a few rod-shaped bacteria, whic most likely were accidentally presen This negative result corresponds t those obtained by Neisser, Brieg and Ehrlich in their investigation similar cases.

A negative result also attended th investigation of pus from *four* cases gonorrhœal bubo. In *four* cases vaginitis, in which the history coul

ot be relied upon to determine the pecificity of the disease, all manner f bacteria were found; but only *one* f these gave the gonococci. While *two* cases with a distinct history of pecific vaginitis the gonococci were ound to be present.

Besides those already mentioned I ave investigated secretions from the llowing sources: *Seven* cases of bscesses from various parts of the ody and arising from various condiions and causes; *nine* cases from ealthy granulating wounds; *seven*, om chancroid; *three*, from periostitis f finger; *one*, from cellulitis; *one*, om syphilitic bubo; *three*, from muous patches; *one*, from superficial yphilitic ulcer; *four*, from sebaceous umors, and *seven*, from ulcers of varius sorts and conditions. Also, *two* ases each of necrosis of bone, furun e and hydrocele fluid; and *one* case ch from carbuncle, cancer of mouth, ne pustule, lochial discharge, leucorhœal discharge, meibomian cyst, ctal sinus, cystitic urine, abscess over astoid process following otorrhœa, accine pustule, pustule on hand, rention cyst of labia majora, fluid om eczema, and fluid from vaccine esicle.

It would be too great a task to give detail any description of the various rms of bacteria which were found in ese cases, it being sufficient here for e to state that in *no* case were the *nococci* found.

Pus obtained from *three* cases of ysipelas was also investigated. One f these cases complicated a gun-shot ound of the leg, and the pus was ken when the disease was at its eight; another, from the sinuses reulting from a necrosed femur, in hich the pus was taken five days ter the erysipelas had set in; and the third, complicating a wound of e hand, the pus was collected when e disease had nearly disappeared n these three cases, forms of micro occi were found which very closely resembled those found in gonorrhœal secretion; still, on careful examination sufficient points of difference were observed to enable us to make a certain diagnosis between the two. These micrococci were found inside the cells. They differed, however, both in size and shape from the gonococci; not being so large, nor had they the characteristic biscuit-shaped form, nor the arrangement in pairs so characteristic of the former.

In my collection of secretions, I have found very convenient a strongly made box of about four or five inches in length, and in width and depth a little over the dimensions of the square cover slip used. It having slits on either side of its interior into which the cover-slips will fit snugly, each slit being numbered. The numbering of the slits enables one to keep each case distinct with its history, which may be written on a paper numbered correspondingly. Such a box may be carried in the pocket of the bacteria investigator containing clean cover-slips ready for collecting fluids, etc., at a moment's notice, and will prove of inestimable value to the worker. Furthermore, in all investigations upon bacteria it is absolutely necessary to use high powers. The ordinary powers used, such as the "quarter" or the "sixth" will not enable one to do more than recognize the presence of bacteria. To differentiate between the forms of micrococci with less than a "tenth" or a "twelfth" immersion objective is difficult. I have used principally in my investigations an immersion of Reichart, a fifteenth, giving with a low eye-piece a magnifying power of about eight hundred diameters. The homogeneous immersion gives, however, results far better than the others.

Convinced of the parasitic nature of gonorrhœa, I was led to undertake its treatment by means of germicide injections.

This principle of treatment has been used by Cheyne,* who employed a sol. of sulpho-carbolate of zinc as an injection, with also rods of eucalyptus and iodoform, with satisfactory results.

Having learned of the various experiments made in the Gesundheit Amt, in Berlin, of the power of the *corrosive chloride of mercury* as a germicide, even when used in extremely weak solutions, I was led to use it as an injection for gonorrhœa. In so doing the irritative action of the agent must of course, be carefully watched; and, so far, I have found best to employ the following:

℞ Hydrarg. corros. chlor., gr. ¼
Mucilag. acaciæ, ℥i;
Aquæ, ℥iv. M.

To be used as an injection twice a day. The patient being directed, of course, to urinate before injecting and to hold in the injection for several minutes by grasping the meatus urinarius. In a number of cases this treatment has been found to stop the discharge within forty-eight hours; sometimes, after the second injection. When the discharge has ceased it is necessary to still continue the treatment for five to ten days longer, using the same i jection, diluted with as much water. This being done the discharge seldom returns. If the injection given causes great irritation of the urethra, as evinced by extreme burning on urination, the injection should be still further diluted; but a slight burning upon the first one or two injections may be disregarded. I have treated some cases with the corros. chloride in combination with astringents and opiates, but these gave apparently no better results; although, without doubt, under certain conditions their addition would prove an advantage.

Up to the present, the results that I have obtained have led me to believe that in this agent we have the bes and surest remedy for gonorrhœa inflammation. So far I have bee able to treat but a limited number cases; and a further publication wi follow, giving in detail the result obtained in a large series of cases.

In following up this treatment, have examined repeatedly, in a num ber of cases, the secretions from tim to time; and have found that, unde the action of *the corrosive chloride*, th *gonococci* rapidly scatter and finall disappear.

Since these investigations were be gun there has come to my notice paper upon this subject, in whic * Leistikow has also reported th treatment; and, as he says, used with excellent results. It is satisfa tory to note that although the invest gations carried on by myself hav been entirely independent and wit out knowledge of L's work, yet th results have been about the same i both instances. He, however, us more dilute solutions. These tw sets of investigations were suggeste by the same basic scientific principl There has come to my notice sin completing these investigations article by G. M. Sternberg, M. D., the *Philadelphia Medical News* of Ja 20th and 27th. The author deni that the *gonococci* are specific organiz tions, and avers that they are identic with the ordinary micrococci fou in fermenting urine, i. e. *the microco ureæ* of Cohn. He was led to th belief from his inoculation experimen of cultures made in fluid bouillon. is most probable that his cultur were not pure, for it is now a fact ge erally conceded that the pure cultu of bacteria for any length of time in fluid media is an impossibility. was the generally present *micrococ ureæ* that he cultivated and of cou his inoculations with this cultu were unsuccessful.

* London Lancet, May 12th, 1882.

*Leistikow.—Deusche Med. Zeitung, 1882

An
Inaugural Dissertation
on
Diphtheria
Submitted to the Examination
of the
Faculty of Physics
of the
University of Maryland
School of Medicine
for the Degree
of
Doctor of Medicine
by
W. Arthur E. McKee
Baltimore Md.
1883.

Diphtheria.

Diphtheria is an acute, specific, contagious disease characterized by the formation of false membrane; and which effects chiefly the mucous membrane of the throat, although it may appear wherever there are mucous surfaces or denuded skin.

History—: It is a disease of antiquity, dating back at least as far as the commencement of the Christian era. It has often been described

by ancient writers, but it was only about fifty years ago that the name now applied to the disease was given to it by M. Bretonneau of Tours. Since the commencement of the sixteenth century numerous epidemics have occurred in America and also in Europe, and at the present time it is one of the most common and fatal epidemic maladies in both continents, while in many localities, especially in large cities it is established as an endemic.

Age—: It is pre-eminently a disease of childhood, most of the cases occurring between the ages of two and ten years. Under the age of one year the younger the child the less liable it is to the disease, and it rarely occurs prior to the fourth month. It sometimes occurs in the adult.

Incubation—: It is only in exceptional cases that we are enabled to ascertain the incubative period of this disease. The incubation varies in different

cases. It is from two to eight days with perhaps an occasional case outside these limits.

Causes—: It is produced by a specific poison which is communicable by contact, through the atmosphere or by innoculation. One attack does not protect the system from another. This may be a primary or secondary disease. The secondary form occurs as a complication most frequently to those infectious maladies

which are accompanied by inflammation of the fauces and air passages, if they occur in any locality where diphtheria prevails. The inflammation of the mucous membrane accompanying them being transformed into the diphtheritic. Scarlet fever beyond any other disease appears to furnish the conditions which are most favorable for the occurrence of diphtheria, though it seldom happens, that a patient with diphtheria

contracts Scarlet fever. The other infectious diseases, which are most liable to the diphtheritic complication, are measles variola, whooping cough, and typhoid fever, the bronchitis of these diseases changing to a pseudo-membranous inflammation. These diseases predispose to it in localities where diphtheria abounds. It is an interesting fact that patients suffering from diphtheria, that the specific inflammation is apt to occur upon such

surfaces that are already the seat of inflammation. All who have seen much of diphtheria are familiar with instances in which a catarrhal inflammation, as from a burn, blister, or from a wound as tracheotomy has become diphtheritic. Under the microscope in the commencement of diphtheria the grayish-white spots which appear upon the inflamed surface consists entirely of bacteria, with epithelium cells and mucous, while

fibrin & pus appear at a later period, as the result of inflammatory reaction. Some writers claim that the bacteria causes the disease; while others claim that the cause is something more subtle, yet not discovered, which produces such deteriation of the blood and tissues that they become a nidus in which bacteria are early and rapidly developed. I believe the latter is the true theory and those that believe otherwise -

have mistaken an effect for the cause. Diphtheria as believed by some writers is produced by bacteria which coming in contact with the mucous membrane, or the skin deprived of its epidermic covering, adhere to it, and there multiply rapidly, burrow through the tissue, and entering the vessels infect the whole system. If during inspiration they are carried along the current of air, and certain of them lodge upon the fauces

where they produce the specific inflammation; a larger number must enter the lungs, where we would suppose from the delicate structure of those organs and their proneness to inflammation, they would produce severe results; as for this occuring bronchitis and pulmonary catarrhs are rare at the commencement of diphtheria, and is not common at any stage of the malady.

Anatomical Characters—
The first change consists in hyperaemia — a vivid injection of the mucous membrane. This redness may begin in any part of the throat, but generally the mucous membrane covering the tonsils. If there be a pre existing inflammation of one of the other mucous membranes, or a portion of the skin denuded of its epidermis and inflamed, the specific inflammation is apt to appear primary

upon these parts, with
or without its simulta-
neous appearance upon
the the facial surface.
In all except the mild-
est cases, the whole fac-
ial surface is, in the
course of a few hours, in-
volved in the inflam-
matory process. its mucous
membrane is thickened
and softened, and its fol-
licles tumefied, and
actively secreting. The color
of the inflamed surface
is sometimes deep, bright
red, almost like arterial

blood; in other cases it is a dusky red, which indicates a vitiated state of the blood. The dusky red hue is more common in secondary than in primary diphtheria. Within a day, and usually within a few hours, from the commencement of the inflammation, the pseudo-membrane begins to form. The deposit is observed usually upon the tonsillar portion, or on the soft palate, or back of fauces. It may start from one or several points. At first

a small slightly raised patch or spot is observed, which gradually becomes firmer, and at the same time thicker and broader from fresh exudations underneath, and it has a grayish or grayish white color. Sometimes different points or patches are observed, which, however speedily extend and coalesce, so as often to form extensive patches; or even to cover uniformily the entire faucial surface. The pseudo membrane is

closely attached to the mucous surface, which it penetrates, becoming firm, and not easily detached. If you attempt to separate it you will lacerate the engorged capillaries, and leave a bleeding surface. If you detach the pseudo-membrane it readily re-forms again. The patches vary in thickness, and they become thicker by successive layers being formed underneath. The exudation of diphtheria is found to consist of

fibrin forming a delicate interlacing network, epithelium cells more or less altered by the inflammatory process, leucocytes, nuclei, mucous, and amorphous matter. In the throat the pseudo-membrane penetrates the entire mucous membrane, so that no line of demarcation between them can be seen with the microscope. As the deposit increases in thickness it acquires a yellowish or dirty gray color. Sometimes it has a

reddish or brown hue from admixture with blood. The pseudo membrane is sometimes soft and pulpy; often it is firm almost leather-like, and elastic, and can be detached in a single layer. In the course of three or four days, sometimes longer, and sometimes shorter decomposition commences by which the pseudo-membrane becomes loosened from its attachment to the mucous membrane. The pseudo-membrane that was first

formed becomes softer than the more recent production. When this occurs, the color of the exudation changes from a whitish or a gray-white to a dirty brown. It leaves the subjacent mucous membrane, either smooth and intact, or ulcerated.

Symptoms—: Diphtheria presents in different cases, such differences as regards general and local symptoms, the latter incident especially to the localizations of the diphtheritic effection, that some writers have instituted several varieties of the disease. Without adopting formally any of these, it will suffice to indicate the important diversities in connection with the symptomatology. A marked point of difference relates to the development

of the disease. The attack is sometimes abrupt, commencing with a chill more or less pronounced, followed by considerable or marked pyrexia; or the disease may begin with symptoms denoting great prostration. But not infrequently the development is gradual and insidious, the patient complaining of indefinite ailments, and the characteristic effection of the throat being discovered on inspection when there were few or no local symptoms pointing to

the existence of the disease. After the development of the disease, the symptoms are naturally divided into general and local, the latter being referable especially to the parts effected with the diphtheritic process. The effection of the fauces is rarely accompanied by notable pain or soreness, and hence a liability to overlook its existence. The tongue is coated; cervical glands, tonsils and fauces are swollen. The breath

most cases is fetid. The extension of the pseudo-membrane over more or less of the buccal cavity. The desire for food is diminished or lost, and if lost it characterizes many of the gravest cases. Vomiting is a frequent, and in some cases, a prominent symptom. Diarrhoea is not uncommon, and is a symptom of bad sign. The disease may extend to the larynx, when breathing becomes difficult and lips and nails become

blue from impaired circulation and deficient aeriation. Albuminuria is a frequent symptom. The urine contains a larger amount of urea than in health, a fact showing an increased waste of the tissues. In the majority of cases the mind is unaffected. The fever which ushers in Diphtheria and causes a rise of temperature of 102° or 103°, or even 104°, after the second or third day abates, and there is scarcely more than

normal temperature throughout the disease. The diphtheritic poison does not therefore, like that of scarlet-fever, exhibit any marked tendency to increase the the animal heat. Even in profound and fatal blood-poisoning in this disease the thermometer shows the normal, or scarcely more than normal temperature.

Diagnosis—: The formation of the pseudo membrane is pathognomonic. Some physicians are-

accustomed, during an epidemic, to consider cases of follicular pharyngitis as cases of diphtheria. Such mistakes should always be guarded against, as this gives erroneous conclusions respecting the effect of treatment. In follicular pharyngitis is attended with the formation of round white masses in the site of the follicles, usually over the tonsils only. These masses do not occur in patches, like those of diphtheria,

except when two or three are in close proximity and unite, but at the same time a sufficient number are discrete to establish the diagnosis. The white masses consists of the inspissated secretion of the follicles mixed with epithelium cells. This disease involves no danger and is quickly cured, just the opposite to that of diphtheria. From Scarlet fever, diphtheria is distinguished by the absence

of the eruption, and of the peculiar punctated or brick-dust like flush of the throat, and the strawberry tongue. That scarlet fever predisposes to diphtheria as a subsequent attack is a well established fact. From membranous Croup, though possible in typical cases, in localities where diphtheria is not endemic or epidemic, is difficult if not impossible at the bedside in localities where diphtheria

prevails, especially when there is little or no exudation upon the fauces. Some writers say that the commencement of the pseudo-membranous deposit in diphtheria is about the tonsils and pharynx; while in croup it is in the trachea or larynx. That of diphtheria rarely extends, in any case, below the larynx; while that of croup, not unfrequently even extends into the bronchial tubes. There is no albuminuria in

croup, and the sequela of paralysis never attends recovery from it. The general symptoms of croup are, as much as in any other inflammation dependent upon the local infection; while diphtheria is a constitutional disorder, usually epidemic, in which the local symptoms are secondary.

Prognosis—: No infectious disease presents greater differences in type or severity. The disease is always dangerous

The prognosis is much worse in children than adults. Mild cases may become severe; therefore guard against too hasty a prognosis. The chief signs of danger are; implications of the air-passages, with consequent interference with respiration, as well as the development of pulmonary complications. Septic blood poisoning, produced by absorption from the under surface of the decomposing pseudo-membrane.

Sudden failure of the hearts action either from the anaemia, and general feebleness, from granulo-fatty degeneration of the muscular fibres of the heart, which is liable to occur in all diseases of a malignant type, or from ante-mortem clot. Among the other symptoms which render the prognosis unfavorable are, repugnance, slow and irregular pulse, free discharge from the nostrils, or occlusion of them by inflammatory

thickening, and exudation, repeated vomiting, diarrhea, very rapid and feeble cardiac action, presence of albumen, or casts in urine particular if they are abundant, scarcity of urine. According to the mildness or severity of the disease will the length of its duration be. Generally its lasts from five to fourteen days, with occasional cases outside these limits. Convalescence may require a month of rest.

Sequelae—: Paralysis of the muscles of the pharynx, and upper part of the larynx, are the ones most frequently effected. It usually begin during convalescence in the second or third week after the abatement of the inflammatory symptoms, or it may appear earlier or later. The symptoms of it are, a nasal tone of voice, some difficulty in swallowing, and the regurgitation of liquids through the nose. On inspection the

palate is seen to hang flaccid and motionless like a curtain, and no movement is produced by irritation, the sensibility being absent. The state of the muscles at the entrance of the larynx, causes guttural respiration, or snoring in certain cases, which is especially marked during sleep. In severe cases the difficulty of swallowing may endanger suffocation from the lodgment of food in the larynx. In some cases there is

only faucial paralysis, but in many the loss of muscular power occurs in other parts also. Whenever it occurs elsewhere, the faucial muscles are nearly always involved at the same time. Diphtheritic paralysis may effect the motor muscles of the eye, causing strabismus; the muscles of one side, causing hemiplegia; of the legs, causing paraplegia; or of an arm on one side and leg on the opposite. It does not com-

mence simultaneously in the various muscles which are effected, but in succession, those first effected being for the most part the muscles of the pharynx. There is often not a total loss of sensation or of motion in the paralyzed part, but more or less numbness with difficulty rather than impossibility of motion. A majority of those effected with paralysis recover, although few regain the complete use of their muscles in less than

one month, and many do not till between two and four months. Defect of vision is an occasional result of diphtheria; some have presbyopia; others myopia; some see double; some are amaurotic; while in others one pupil is more dilated than the other, or both pupils are dilated, and feebly sensative to light. This impairment or perversion of vision gradually disappears as the vigor of the system returns. That diphtheritic virus causes paralysis by

some special action is evident, for there is no other infectious disease which is attended and followed by paralysis as diphtheria. The most plausible theory for this is, that the peripheral nerves in paralyzed parts have undergone degenerative changes, so that under the nerve lemma, we observe there is more or less granular matter, in place of the normal nerve tissue.

Treatment: Although diphtheria has been one of the most common of the

severe infectious maladies in this country during the last twenty-five years, physicians are far from agreeing in reference to the proper mode of treatment. This difference of opinion respecting the therapeutic requirements is due in part to difference in the type of the malady in different localities and epidemics, in part to difference in diagnosis, so that one considers a case to be diphtheritic, which another regards as a non-

specific inflammation, but more to the fact that different theories are held respecting the cause and nature of diphtheria. Scarcely any other disease presents such a diversity in type as diphtheria, from cases, so mild that nearly all recover, whatever measures be employed, to those so severe that a large proportion die under the best possible treatment. The treatment in this will be general and local. The general treat-

ment should consist of food, stimulants, tonics &c. The most nutritious and easily digested food, and the preservation of the appetite are very important, for the safety of the patient requires that he should retain, so far as possible, his flesh and strength. Beef tea, or the expressed juice of meat, milk with farinaceous food, &c., should be administered every two or three hours. As regards stimulants the same

rule holds good in diphtheria as in other acute infectious maladies, that while mild cases do well without alcoholic stimulants, they are required in cases of a severe type, and should be administered in large and frequent doses, whenever pallor and loss of appetite, or of strength and flesh, indicate danger from the diphtheritic or septic infection. I believe that if alcohol be given early and frequent

in grave cases, as, for example one teaspoonful every half-hour of brandy or Bourbon whiskey, it does have a tendency to render the disease more tractable, and that it therefore affords important aid in saving the patient's life. Intoxication is very seldom ever produced in this disease by frequent and large doses of the alcoholic compounds is due partly to the quick elimination of such substances from

the system, and in part, probably, to the nature of diphtheria. In fulfilling the indications for sustaining treatment, the vegetable tonic, have long been used, especially cinchona and its alkaloid quinia. The last named for its tonic effect is given in doses of one or two grains every four hours. As an antipyretic quinia is to be preferred to any other medicine in diphtheria, as it also acts as a tonic, and does not impair

digestion. Iron should be given for its effect upon the red corpuscles, which are the carriers of oxygen, and thereby it increases the functional activity of organs, and improves the general nutrition. It is therefore a very important agent in this disease. The preparation of iron most commonly used, is the tincture of the chloride of iron. It should be given in large and frequent doses, as five drops hourly, to a child of three to five years.

We may combine with the iron the chlorate of potassium which exerts a decidedly curative action on buccal and pharyngeal inflammations, which is a solvent of pseudo-membranes, and which after it enters the system, being largely eliminated from the salivary glands, continues after the dose is taken to have effect on the inflamed surface of the buccal cavity and fauces. Some writers recommend the bichloride of mercury

as they think it has a tendency to counteract to some extent the morbid process of the disease. The local treatment is for to reduce the inflammation of the mucous surfaces, and destroy the diphtheritic poison, and contagious properties in the pseudo-membrane, and to destroy the septic poison, and prevent its absorption, if any form. It has been found by experiment that Chlorate of potassium, pepsin, lactic acid and lime,

are solvents of pseudo-membranes. It was then found that lime water dissolved it in a shorter time than any of the others. It is best in using lime-water to add one or two grains of carbolic acid to the ounce of lime water, for its antiseptic property. It is best to apply this solution by the hand-atomizer with double bulb, as the child tolerates better the steady spray. This should be employed every hour or two. Any

of the other solvents may be used, but the last named is mostly used as it has been found to be the best. There are various other remedies used by some physicians, and also various modes of applying. But I think better results are obtained by following the above treatment, and also the mode of application. Emetic are sometimes used, to effect the mechanical displacement of the pseudo-membrane. Those

acting promptly and producing no after-depression are the most suitable for this purpose, as alum, subsulphate of mercury, sulphate zinc, ipecac &c. If there be a tendency to diarrhoea stop it at once, by opium and astringents. Vomiting is to be relieved by bismuth, creasote, hydrocyanic acid, &c. Opium, the bromides, or the hydrate of Chloral, are often required when there is restlessness and vigilance. If there is obstruction to the larynx,

tracheotomy should be performed, and do not wait to long to do it. You may save the patients life, so always give him the chance. If the patient cannot eat, give enema of two ounces of nutritious substances, with compress over anus so as to be retained. Or you may give nutriment by tube into the stomach.

Prophylaxis:- The occurrence of diphtheria in a family necessitates the prompt removal of

other children of the family either out of the house, or to a distant part of it, and the disinfection of the room, and the handkerchiefs, and other linen, and all the dejections, expectorated matters, and utensils used about the patient should be immediately disinfected. The diphtheritic, like the scarlatinous, virus may remain for weeks or months in a locality or apartment, therefore after patient has recovered, or died,

the clothing and linens used during the illness should be destroyed; and the furniture and floor should be washed with chloride of zinc solution, papering removed and destroyed, carpets disinfected by heat, &c. After this thorough disinfection has been employed, the children should not be admitted into the room, until a considerable period has elapsed.

A
Thesis
By
W. G. White
Jr

Subject
Sufficient Force.

Feb-19th 1883.

Typhoid Fever is one of the Continued and self limited fevers. Seldom if at all contagious. Characterized by peculiar rose colored spots on the abdomen with tendency to diarrhoea, stupor and low delirium. And also specific lesions of the small intestine as thickening and ulceration of Peyer's patches and softening of the mesenteric glands and an enlargement of the spleen.

Causation of this disease is very obscure, notwithstanding its cause has been diligently sought after by many of the most careful

investigators for medical truth
some claim that typhoid fever
owes its origin to some peculiar
poison or germ, but just what
this poison or germ is we can
not clearly explain, only that
we know it is in some way
associated with the decomposi
tion of animal matter.
The mere decomposition of animal
matter will not of itself originate
the disease, it is absolutely necessary
that the typhoid germ be present
which find in the decomposing
material a suitable soil for its
growth and development.
It is now the generally received
opinion that the poison of the

phoid fever is to be found in the excreta of patients suffering from it, but it is necessary for the Excreta to undergo some change before they develop any activity, since as long as they are kept in fresh state by water or disinfectants, they show no activity whatever but let them be thrown into a bog, river or upon the ground and they readily manifest poisonous activity which may last for quite a long while and the excreta of a single individual may be sufficient to infect an entire community. Persons living in good atmos

when imbibing impure air, and those undergoing fatigue, anxiety etc are more susceptible to the virulence of this disease than the robust and healthy who enjoy good hygienic regulations. The poisonous germs reach the system through the air, water and food, but how long it remains dormant in the system after having been conveyed there by the above means, is not at all definitely known, altho the average incubation stage is estimated at three days. Susceptibility to the poison varies with the individual, and as to why it is so under certain circumstances

such as the season of the year,
the age and sex of the patients.
In our own country it prevails
mostly in fall and winter
months and in some parts
of the U.S. it prevails to such
an extent at times of above
mentioned season, until it
is known as Pneumonia Fever.
Infancy and old age are seld-
dom subjected to its influence,
it seems to attack by preference
persons between age of 15 and
35 years of age.
Males are more frequently
affected with the disease than
females and the strong and
healthy are not free from it

influences, especially to country
do not enjoy the benefits of good
hygienic regulations.
Description - Generally too large
a Grasshopper-like insect which
develops in a cocoon of spittle
and this secreted in much
greater quantity than any of the
other species.
The habitat of this species
all the time and little on the
least exertion, has headach-
(at frequency rather acute) and
the very sensations of fever to
overcome and the sensations,
Elytra and a hemlock
cough an almost sleepless-
nervous condition of the system

The above symptoms grow more
aggravated, the tongue becomes
heavily coated, the bowels dull
and sluggish and the patient
begins to complain of a sensation
of pain across, sometimes deep
seated at different times pre-
cisely the same, and sometimes
varying in and the patient
appears to be labouring under
a fever and feels unwell
on the appearance of one or more
days cases of highland fever.
These are recorded cases where
it has been the forerunner of
death, becoming of advanced
period health, and undoubtedly
occasioned by Wolverine fever.

with fever and accompanying
symptoms of congestion which
rapidly develop into typhoid fever.
It is generally claimed that the
fever originates with the primary
cause of chillness and exposure -
tion of temperature.
During the hard work of the
day in cleaning tendons & the
face which is just covered
during the fresh wind of autumn
fever, but this constitution is
easily prevented for by
proper location. At first the
tongue is coated and the
margins are indented by the
teeth, but soon it becomes smooth
more pointed, the contents

of with Eritrolium, having a
dry and flaky surface which
is easily removed.
When digestion ceases about last
of 1st or beginning of 2nd week, the
stools are of those peculiar pasty
of a strong odor, they then
crease daily in number and
change in character, so that
toward end of 2d w. they
have assumed the yellow ochre
color. The well known pea soup
appearance. When the patient
are able to stand awhile, they
separate into two strata, the upper
layer consists of liquids or
caseo lets, while lower layer is
of a more consistent with the ab-

citions of a quantity of yellow material, made up of fat, pigment etc, which was not noticed in the microscopic examination of these faeces since it is conceived that the typhoid germs in contained within them, but there was no definite results been from attained from the examination of the faeces, since the patients have probably excreted in stools contents as shown found in the excreta from typhoid fever patients.

Above Epi of 1st left leg has considerable tenderness on pressure over the abdomen also

[illegible]

he [illegible] in [illegible] [illegible]
all surrounding objects and [illegible]
in a dreamy state, but is [illegible]
aroused and [illegible] his name
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [

Attendants, his State of Affairs
Connected with a Very high Imp-
ortance, pressed Medical and other
Evidence of Witness Stanner,
fortunately such have an
Great bearing or in Response to
Cases the Witness 10 A. and
Prosecutor Jackson. C Wrotten
by Recommendation of Prosecutor
Effects on the Prisoner at the
Hearing a Breaking of Crown of the
Prosecutor which is Noticed from
his Trigger which when fired
fired is not again Discov-
ered the Prisoner could not
force it back or Accidentally
Katered it Withdrawn it
Drawing a Case of Stephens Tower Ale

lesions is steady and deep
colored, with no papules and
pronounced elevation and infiltration
of the affected area may be
found on it. It is about last
of 2nd wk that the characteristic
star rose color and rash appears
appear on forearm, but quickly may
appear when abdomen is reached.
These spots vary much in number
and remain only a few days.
In severe cases the eruption
crowds to such an extent that the
patient can scarcely be covered.
About by middle of 3rd wk. the symptoms
are fully developed and the
patient is an exhausted wreck.

Consult returns his position in bed and then he drops back into coma and dies in unconsciousness.
Some of the late symptoms in this patient, retention of urine and hemorrhage from the bowels, were very prolonged.
We have patients afflicted with bed sores and some during stage of convalescence we may have abscesses formed in various portions of the body.
Temperature in this disease has been a special study by Medical practitioners, and its rise from the normal heat (98.4°) of the body, is found to be very marked — reaching 106° on the 5th or 6th day

from its inception. The practical bias of Hunt is one of the special diagnostic points in typhoid fever. The marked tendency to morning remissions and evening exacerbations of from 1° - 1.5° is almost pathognomonic of this disease, and this too is usually a favorable symptom.

Towards end of 3rd wk the Eyes should begin to mend and by the time of the 4th wk of the fever it should be of the intermittent type, the daily exacerbations lessening until the normal temperature is reached. Bartholow, Practice. Typhoid fever is a continued fever only lasting the 1st week.

At or during the 10th day when the normal heat has been reached, then the patient becomes feebly round eyed and in a state of stupor and indifference, he is full of complaints. His eyes brighten and his face altho' emaciated again assumes expression in it. Pulse and also are more comforting to the patient, the tongue and gums clean up and appetite returns. The flatulence and distension of the abdomen subsides and the spleen becomes to normal size - the urine too again becomes more abundant and brighter and everything looks towards recovery and 2nd to the

patient gets well if he takes proper care of himself and pays attention to his diet. But in this as in almost all other long exhausting diseases he is liable to have severe complications. Pneumonia of the typhoid form is quite frequent complication, typhoid form, may also have the brain involved and frequently peritonitis following the perforation of the bowel and also other complications.

After decided convalescence from typhoid fever, we may have a relapse with all the accompanying symptoms of the disease, but usually these secondary attacks do not last so long, neither are

death often follows from the relapse, unless perforation of the bowel take place, but on account of the great exhaustion of the patient we need be exceedingly cautious and careful of them during the relapsing stage.

In original form generally runs its course in from 3-6 weeks and is more fatal in younger subjects when the temperature rarely exceeds 103°. Perforation of the bowel may take place at any time from 1st until several weeks after convalescence is established; has been known to happen 7 months after an attack.

But usually if it occurs at all it is between 3rd and 5th week, and the ileum is least most frequently perforated.

Typhoid fever usually terminates in prolonged debility and the mental faculties are sometimes weakened and impaired for weeks and even months.

Pathology of this disease is quite characteristic and the lesions are distinct and the parts characteristically affected are the solitary and Peyer's glands. These structures may be involved throughout both the small and large intestines - but usually the process is limited to the

Ileum and Caecum and the glands are always affected which are situated between the ileo caecal valve.
The primary pathological change consists of a hyperaemia and cellular infiltration of the glands. The cells increase in size and form multinucleated cells. Peyers patches and the solitary glands enlarge and stand above the surface of the intestine. They are of peculiar color and often of a brain like consistence. The surrounding mucous membrane is very vascular and is the seat of an acute catarrhal process. This catarrh usually

precedes the swelling of the glands. The surrounding tissues are rapidly affected by the cellular infiltration of the involved glands. The process gradually passes into a 2nd stage. Viz the death and disintegration of the newly formed tissue, This stage may terminate in various ways. as the enlarged glands may subside, the new elements become disintegrated and absorbed and the glands then undergo a gradual process of involution. But the most usual termination of this secondary stage is the separation of the dead tissues as a

slough and the formation of what is known as the typhoid slough. This process of sloughing and ulceration may take place uniformly throughout the entire gland, but generally it begins in different portions of the patches and small irregular losses of substance result and this process may extend, a large ulcer is formed. This sloughing usually involves only the epithelial and submucous tissue of the gut and the base of the ulcer is mostly of the muscular coat of the intestine, the edges of which consist of well defined fringes of congested mucous

membrane. Whenever this slough extends through the muscular coat or layer to the subperitoneal tissue, it is extremely liable to cause perforation, followed by peritonitis and death of the patient. The third stage of the process is that of cicatrization - This takes place by the resolution of the peripheral infiltration, the approximation and union of the undermined edges with the floor of the ulcer and the gradual formation from the margin of an epithelial covering. This process always takes place by granulation and the cicatrix thus formed is slightly depressed and

less vascular than the surrounding mucous membrane

The changes in mesenteric glands is secondary to that in the intestines. They too undergo cellular infiltration, become enlarged, soft and vascular and like glands of the intestines undergo a gradual process of absorption, but in our case the capsule of the glands ruptures and the caseous matter escapes into the peritoneal cavity setting up a widespread peritonitis. The colon too is involved in this disease it becomes very much enlarged and also congested when from in long continued. In Lydiard Cases

of persistent elevation of temperature, the liver, kidneys, muscular tissue of the heart - the nervous system and muscular system of animal life in general become involved, but fortunately such severe cases are quite rare -

Diagnosis - Typhoid is distinguished from Typhus, in that its prodromic stage is more gradual - Stupor and delirium come on later and is not as pronounced in Typhoid as in Typhus. The tumefaction in Typhus is of a dusky purple, while in Typhoid it is of bright red, also in Typhoid

We have the peculiar lenticular rose colored spots on abdomen and characteristic lesions in small intestine. None of the above signs are found in typhus fever.
Typhoid is distinguished from intermittent by the absence of vomiting and of yellowness of the skin.
Prognosis is dependent entirely on severity of the attack of the case, the constitution and surrounding hygienic influence of the patient and the complications which may arise. Perforation is always looked upon as fatal

sign to the patient
Treatment in Typhoid fever is by various methods - as depletions and stimulants; both Zymotics and anti zymotics. At one time bleeding was the great remedy with all patients, but nowadays it has fallen into general disuse - altho' our worthy prof of practice, believes in using dry cupping in strong and plethoric subjects and his plan of treatment in this trouble is altogether on the expectant method - that is treating symptoms as they arise and by this method his results have been very satisfactory

by both & himself & his patients.
In beginning of the disease if stomach is overloaded, we should give an emetic and also a light purge.
Prof Meinecke (German) is a strong advocate in the use of Mercury during first stage, and Bartholow says that if statistics can be relied upon, there is no doubt but that Calomel in large doses during 1st week favorably modifies the disease.
Potassium oxide in doses of 1½ gr it is good to reduce fever.
Hypophosphites and sulphites are quite beneficial. Doses Lowers or Boonicker Potass and Chloral

combined are useful to produce
bleed. When the tongue becomes
dry red and flayed like, then is
tympanitis and diarrhoea, the
use of turpentine is indicated
and is best given in an emul-
sion in doses of gtts x every 3 hrs
In diarrhoea of this disease we
use the chalk mixture, Opium
and subnitrate of Bismuth,
but we should not check the dia-
rrhoea too suddenly as the fer-
tid matter in the bowels are
poisonous and needs to be
gotten rid off, so the diarrhoea
is to a certain extent benefi-
cial. Stimulants are
called for in abscess

case, but we should be very guarded in giving them and do so only in proper doses. We watch temperature and find that Quinine is the best of all antipyretics, but requires to be given in large doses to do good. May combine with it digitalis when the quinia is of itself inadequate.

Some prefer the use of cold baths and tepid to reduce the abdominal temperature.

Whenever hemorrhage occurs the intestinal movements must be quieted by the use of opium and the flow

of blood controlled by use of ergotine hypodermatically and ice applied to the abdomen. Tannin, alum and a solution of iron may be given internally to ~~reduce~~ retain the hemorrhage. If perforation does occur — morphia hypodermatically — our one remedy and absolute rest must be observed by the patient in order to entertain the faintest hope of his recovery.

While in the University hospital we saw several very severe cases of Typhoid fever treated entirely by Expectant plan and they all recovered. So we are willing

to recommend and rely upon the expectant treatment in this disease, believing as does our worthy Prof. of Practice, that "such treatment is the best we can make use of against the exhausting influences of typhoid fever

To the Faculty of Medicine
University of Maryland.
Gentlemen.

In presenting myself as a candidate for the degree of "Doctor of Medicine", I beg leave to submit the accompanying paper, under the title of "Fever", as my thesis.

With great respect
George R Graham
Maryland

Baltimore.
February. 1883

Fever. Pyrexia. Febris.

There is perhaps, in the study of pathological conditions of the human body, no subject of greater interest than that which is presented as the title of this thesis.

The definition of fever includes; "Undue elevation of temperature; the immediate or proximate causes of that elevation; and the consequences which these conditions entail.

In order to discuss, intelligently, the subject of fever, it is necessary to first revert to the normal temperature of the human body, and, secondly, to the sources of heat and the conditions governing its

evolution.

The normal temperature of the body, in the adult, ranges from 98.4° to 99.5°, and in the infant it runs somewhat higher.

There is a diurnal variation in the temperature, of from 1° to 3°.

The lowest temperature occurs in the morning hours, previous to 7 O'clock, a.m. and the highest, in the evening, from 4 to 7 O'clock, p.m.

This rule is followed, in all abnormal elevations of temperature, except in the case of certain diseases in which the fever is more transient.

The ingestion of food, causes

a slight elevation of temperature. So also will muscular exertion.

The heat of the body is evolved by the oxidation or consumption of its elements. This consumption is compensated for, by the food which we are obliged take daily.

If all the organs of assimilation are in a healthy condition, the body experiences no loss from the daily consumption of elements.

But if these organs are not performing their functions properly, or if, from any cause, we are not able to supply it with the necessary amount of food, the body

will very soon, by its emaciation, give evidence of the consumption of its constituent-parts.

Heat is necessary to the maintainence of the functions of the body.

Every act; every thought; every muscular contraction, is produced at the expense of the heat developed by the molecular changes which are constantly going on, in the System.

These molecular changes are directly under the control of the nervous system, and any derangement of this controlling powers, is apt to be

manifested, either, in a decrease in the amount of heat evolved, below that necessary for the maintenance of health; or, what is more common, an abnormal increase of heat production. This increase of heat is called fever.

Fever heat or abnormal temperature ranges from the normal temperature to 112°.

If it lie between 101 and 103 it is called moderate; if between 103 and 105, it is called high; and if above 105 it is excessive and dangerous.

If the temperature reaches

107 or 108 it is most apt to be fatal.

Fevers have been divided into two varieties; viz; symptomatic and idiopathic.

Symptomatic fever is that form attending local irritation.

Of such, is the fever of peritonitis, and the so called surgical fever following injuries and operations.

Surgical or traumatic fever is sub divided into; sthenic; asthenic; and irritative fever.

Sthenic fever occurs in robust, young and healthy individuals and is characterized by the

activity of its phenomena.

Asthenic fever is the fever of debilitated persons.

Irritative fevers are those, in which the cerebral symptoms are prominent.

Idiopathic fever or essential fever, arises without any apparent local cause.

This class may be divided into three classes; Viz; 1st Those attended with distinct paroxysms; intermittent. 2nd Remittent and continued fevers. 3d Fevers complicated with eruptions — exanthematous.

Like symptomatic fevers, idiopathic fevers may be sthenic, asthenic, or irritative.

All ages are liable to fevers, and all climates are liable to produce the exciting causes of fevers.

Many fevers are contagious or infectious. In these cases they originate in a specific cause.

The contagion of one never producing an attack of another.

In these cases, usually, one attack confers an immunity from another attack of the same disease.

Contagious fevers may prevail

Endemically" or localized; or, "Epidemically" or wide spread and of limited duration.

Fever is usually attended by symptoms, which indicate the deep involvement of the nervous system.

There is the, hot, dry skin; pulse and respiration accelerated; gastric, intestinal functions impaired; urine, and other secretions modified; and headache and muscular pains.

The pulse increases about ten beats to each degree of increase in the temperature. Its character is usually, large, full, and bounding. But this is subject to many

modifications

The increase in the rate of respiration does not bear the same relation to the rise of temperature that the pulse rate does. In some cases it is not accelerated at all.

In very high fever the respirations are rapid and shallow, notably so in the fever attending "Pneumonia."

Thirst is always present in fever and is often extreme. The appetite is impaired; the mouth dry and clammy and often acquires an bitter taste. The tongue is more

coated, and in many cases, presents indications, characteristic of the type of the fever, with which we have to contend.

The bowels are usually constipated, but in exceptional forms of fever; typhoid for instance; there is a tendency to diarrhoea.

The urine is scanty high colored, and of high specific gravity.

There is a great increase in the elimination of urea and other solid elements of the urine, although the sum total of the urine excreted is greatly less than during health.

The proportion of nitrogen

matter is also largely increased, while the excretion of sodium chloride and other salts is diminished.

The urine of fever is always more acid, than healthy urine.

The great increase of altered tissue elements in the urine of fever, indicates the greatly increased consumption going on in the system.

The blood, after a time, undergoes change. Its red corpuscles albumen and alkaline salts are diminished. The patient loses color, he is subject to chilly sensations, even in very warm weather, and his whole appearance indicates

the deficiency in the vitalizing element of his body.

Fevers present three stages; viz; A cold stage; a hot stage; and a sweating stage.

These stages vary in length, in different cases, and at different periods, with the same individual. In the first or third stage, or both, may be absent altogether.

If fever ends in recovery, it may terminate; 1st by "Crisis", or 2nd. by "Lysis".

By crisis, the attack is arrested by a critical discharge; it may be

profuse diarrhea; a copious perspiration; or an abundant secretion of urine loaded with effete matters, by which the system purges itself of its morbid material.

The termination by "lysis" is gradual. The febrile phenomena slowly disappear, and the patient gradually progresses towards recovery.

But fever may terminate in "death"

This is supposed to be due to an influence analogous to "rigor mortis" At post mortem the auricles are found full of blood and the ventricles contracted

and empty.

The classifications of fever are almost as numerous as the various types of fevers themselves.

All the classifications are more or less arbitrary.

That presented by Prof J. M. DaCosta in his "Medical Diagnosis" is about as convenient as any.

He presents three classes, viz:

Continued Fevers,

Periodical Fevers,

Eruptive Fevers.

The "continued fevers" are characterized, as their name would imply,

by continued high temperature, with but little or no exacerbation, until the critical period of the attack is passed. Many of the eruptive fevers have this characteristic, but they have other characteristics, which serve to separate them from the "continued fevers", which are as follows.

"Simple continued fever,

Catarrhal fever or influenza,

Typhoid fever,

Typhus fever,

The Plague,

Cerebro spinal fever,

Relapsing fever.

Periodical fevers are characterized

by the distinct periodicity of their phenomena.

Malaria is an important factor in their etiology. All strongly resemble in their symptoms, and also in their secondary lesions; i.e: enlarged spleen and liver, and impoverished blood.

They are distinguished, according to the frequency of the paroxysms, as "quotidian"; "tertian"; and "quartan".

If the paroxysm occurs every twenty four hours, it is styled; quotidian. If it occurs once in forty eight hours, it is called, "tertian", and if in seventy two hours, it is known as, "quartan".

The period between the beginning of one paroxysm, and the beginning of another is called the "interval:" and the period between the end of one paroxysm and the beginning of another, is called the "intermission".

The temperature rises with the beginning of the chill, remains stationary during the hot stage, and falls rapidly during the sweating stage.

The principal fevers are:

Intermittent fever or ague.

Remittent fever.

Congestive or pernicious fever.

Yellow fever.

The "Eruptive" or exanthematous fevers form a group having numerous features in common.

All are characterized by a period of incubation; by a fever, of more or less intensity, preceding the eruption; by an eruption which has a distinct aspect in each disease, and which pursues a definite and well defined course, until it and the febrile symptoms disappear.

All are prone to occasion serious sequelæ; all are contagious and rarely attack the same person twice.

On the Pathology of "Eruptive"

fevers, are included.

Scarlatina.

Measles.

Rubeola.

Small Pox.

Varicella.

Erysipelas.

Malaria.

Dengue.

The agents employed in combatting fevers, are very numerous.

Perhaps the oldest of these agents is the application of "cold."

It was employed by "Galen", and has been used in

Europe and this country, very extensively during the present century.

Among the medicinal agents we found "Aconite"; Salicylic acid; Veratrum Viride: and a host of others of more or less values; but as an agent which can be relied upon at all times to reduce temperature, and which may be administered to all ages and nearly all conditions, "Quinia", deservedly stands at the head of the list.

Respectfully submitted.
George R. Graham
J. Gorrey and

Fever

George R Graham.
Maryland

Thesis

on

Tuberculosis

Respectfully submitted to the Dean of the Faculty of the University of Maryland by

E. Myley Schinde

Feb. 13, 1883.

Tuberculosis

Perhaps no subject in medical science has received more attention of late than tuberculosis.

Since the discovery of Koche a new impetus has been given to experimental research and the number of advocates on the one hand and the number of opponents on the other have rapidly multiplied. It may be that this discovery will mark a new era in tuberculosis as did the scientific investigations of Pasteur. While some are ready to accept and adopt whatever is new, the more thoughtful and conservative require the confirmatory evidence

of the leading lights of the profession. Then there are those who not only refuse to accept the bacillus as the cause of tuberculosis, but by their efforts in the laboratory are endeavoring to disprove its specificity in this affection. Among this latter class no one has done more to overthrow the theory of Koch than Dr. H. P. Vorhees of Phila.

That the bacillus is found in the tubercle he admits but that it operates as a causative influence has never yet been proved. The mere presence of the organism will prove nothing because its presence has been demonstrated elsewhere

from which no deleterious effects resulted. Mr Formad in his lecture before the Baltimore Medical and Chirurgical Society, remarked that he found the bacilli in his own sputa which gave him some alarm until he examined the sputa of persons in undoubted health and finding the same organisms in the latter it reassured him that the animal was perfectly innocuous.

Most of Koch's experiments were made upon rabbits, often guinea pigs, other animals were used for the purpose, unless inoculated in a serous membrane the inflammation of which is peculiarly to produce

tuberculosis. Now the anatomical structure of the rabbits is just that we find in scrofulosis and it has long been known that scrofulous persons are the most susceptible to inflammatory changes, tuberculosis being lighted up on the slightest provocation. Some even regard the two affections as identical.

Mr.Ormad believes the histogenetic difference between the healthy and scrofulous resides in the connective tissues. In the scrofulous the interstices of the connective tissue are filled with exudative cells which can not be absorbed, while the perivascular spaces

remain open. If this be true we have scrofulosis at last reduced to an anatomical basis. This peculiar structure does not constitute a disease but a condition liable to take on inflammation under trivial influences and that inflammation is always tubercular. Hence we readily see why a rabbit should so easily succumb when any irritating substance has been applied or introduced into its system. We used the pleurae, any irritating substance, because other things beside the bacillus have caused tuberculosis. Another fact recently demonstrated

is that inflammations of serous membranes will produce tuberculosis. In this we find the explanation for those animals which can be affected only by introducing the materies morbi into the eye or abdomen.

By placing an animal under unfavorable hygienic influences, in damp, dark apartments, with insufficient food, it has been found that the disease is much more easily propagated. After awhile the system undergoes a change, becoming identical in structure to that said to be present in scrofulosis.

Koche passed his bacilli through

successive culture fluid must be obtained the organisms pure and simple. Both these he experimented on a large number of animals and claims to have met with that success which warrants the promulgation of his theory at least. Whether his views will be verified to the satisfaction of the profession must remain for future scientific research and investigation to reveal. At all events even if his bacillus theory should pass away, as a myth, like the fat cell of Schmidt, he will have done a good work, in arousing the medical mind and guiding it into a new field of research

tion, which may yield a rich harvest fraught with lasting benefits to mankind.

With these cursory remarks on the more recent views of this important disease we will pass to the consideration of it as it now commonly taught.

The first inquiry is what is meant by tuberculosis?

Tuberculosis may be pathologically defined as a constitutional tendency of the blood, the plasma of which is defective in organizable capacity; so that, in nutrition, instead of healthy tissue, it forms in one, or very often in many, of

the organs, aborted blastema, which accumulates as a deposit; This deposit is called tubercle; the process tuberculization. (Hartshorne)
Those who believe in Koches theory would define tuberculosis as a disease which owes its peculiar character to the presence of a vegetable organism known as the bacillus. According to others, as scrofulosis filus bacillus.
Etiology. The most important element in the causation of tuberculosis is inheritance. Not that the disease is transmitted in toto from parent to child, but a peculiar condition of the system

in other words a diathesis. "The offspring of a tubercular parent, as a rule, does not have tubercle at birth; a tubercular diathesis, at first latent, as in syphilis, manifests itself in a few weeks or months in the formation of tubercle, and in the consequent cough and emaciation."

No period of life is exempt from it except the foetus in utero. Persons with hump back, valvular disease of the heart, and the emphysematous enjoy the greatest immunity. Climate exerts a powerful influence in producing this disease; the two extremes

very almost or quite free while the fickle weather of the temperate zone wrecks many a life through this agency. Tuberculosis may result from unhygienic surroundings in those previously healthy and of healthy parents. It frequently results from residence in dark, damp, unwholesome apartments with insufficient and innutritious food in short anything which will reduce the vitality of the body, rendering it less capable to resist the attacks of disease. Tuberculosis complicates often a number of diseases as pleurisy, pneumonia, diabetes mellitus

&c. In the latter the patient al-
most invariably dies phthisical.
According to the views of older
writers, which were based upon
the teaching of Laennec, phthisis
is was regarded in all cases as
a tubercular disease. Tubercle
was looked upon as a specific
non inflammatory growth, which
was characterized by the caseous
degeneration which it invariably
underwent and this caseous mil
amorphosis was held to be such
a distinguishing feature of
the growth that all caseous
masses came to be regarded as
tuberculous, and phthises in which

caseation plays such a prominent part, was consequently regarded as a tuberculous disease. The various consolidations of the pulmonary tissue were described as infiltration or "infiltrated tubercle," and tubercle in some form was regarded as so essential a constituent of disease that "phthisis" and pulmonary tuberculosis came to be synonymous terms. (Greene)

Various opinions existed upon this subject which were maintained with more or less acrimony, & this diversity of opinion exist even at the present. Some of the more recent pathologists hold

the views of Laennec but little modified.

Is tuberculosis an infectious disease? This is another point upon which there is no unanimity of opinion. Mr. Morrell McKenzie in his lectures delivered on laryngeal phthisis, before the students of the Maryland University refuted the idea, speaking with great positiveness of the unsoundness of the doctrine & supported his views with well authenticated statistics. Mr. H. F. Formad in his lecture delivered before the Baltimore Medical & Chirurgical Society expressed the same

opinion. Dr. Smith says, "even physicians of experience must have remarked the frequency, with which tuberculosis occurs in those not predisposed to the disease, but who have been in intimate relations with consumptive patients" This has been commonly regarded as due, in no way to infection, but has been thought to be a coincidence, or has been attributed to an influence not fully understood which the emotions or imagination exert in the causation of disease, but recent discoveries concerning the etiology of tuberculosis, afford ground

for the opinion which some of our best authorities in the pathology of tuberculosis, as Waldenburg now hold, that minute particles exhaled or expectorated from the lung may be the medium of infection." The opinion, among the laity and profession, of the infectiousness of tuberculosis is much more prevalent, since the wide dissemination of Koch's theory. And in that direction it is capable of doing more harm than good, by creating unnecessary alarm about what must be regarded, so remote is the possibility, as practically not existing.

Pathology. As has been remarked tuberculosis is produced by a deposit of tubercle. A tubercle is a nodular, nonvascular new growth without a tendency to higher organization. It consists essentially of nuclei & large indifferent cells. These cells are imbeded in connective tissue, which may itself be incloated. Its tendency is towards atrophy and softing. Tubercle is rarely local; generally constitutional and then called tuberculosis. There are two varieties of tubercle; the gray or miliary, the only typical tubercle, is semi-solid, semi-transparent

and granular; the other is the yellow, opaque, caseous tubercle. Tubercle occupies the place of normal tissue, and may modify the surrounding tissue by pressure and by inflammatory processes.

In Children it commonly occurs in the lymphatic glands bones, and skin; in the adult it usually affects the apices of the lungs. When it takes place in the brain its common seat is at the base in the pia mater.

Diagnosis In the adult the diagnosis can generally be made with exactness by the aid of the

methods of exploration, palpation, auscultation, and percussion. In incipient pulmonary tuberculosis of children the physical signs are wanting, or are so obscure, as not to be readily recognized. This is due to the small size or the dissemination of the tubercle. Tuberculosis of the lungs must be discriminated from Chronic bronchitis, Cancer of the lungs, dilatation of the bronchi, pleuritic effusion, and pulmonary abscess.

Prognosis. The diathesis or the predisposition may remain latent for a long time, in fact often throughout life, and then again show itself

in the next generation. It is one of the most destructive of diseases. A favorable prognosis can never be given though patients do sometimes recover. From post mortems it has been ascertained that the number who recovered is much greater than was formerly supposed. It is not uncommon to find lungs with cacatrices pointing unmistakeably to the ravages of tuberculosis.

Treatment. Hygienic management is decidedly more important to the tubercular than medicine. The following precepts are laid down by Dr. B.W. Richardson.

1 A supply of pure and fresh air

for respiration is constantly required by tuberculous patients

2 Daily exercise in the open air is imperatively demanded by the tuberculous patient.

3. It is important to secure for the patient a uniform, sheltered, temperate, and mild climate to live in, with a temperature about 60°, and a range of not more than 10° or 15°; where also the soil is dry and the drinking water pure but not hard.

4. The dress of the tuberculous patient ought to be of such a kind as to equalize and retain the temperature of the body.

5. The hours of rest should extend

from sunset to sunrise.

6. Indoor, or sedentary, occupation must be suspended; but outdoor employment in the fresh air has been and, may be advantageous.

7. Cleanliness of the body is a special point to attended to in the hygienic treatment of tuberculosis.

8. Marriage of consumptive females for the sake of arresting the disease by pregnancy, is morally wrong & physically mischievous.

The medicine employed is varied. Some of the most important agents are; Codliver oil, alcohol, iron, quinine, &c. For the night sweats oxide of zinc, belladonna.

Alcohol.

A Thesis

by

James H. H. Dolton, D.D.,

of West Virginia.

Alcohol.

Alcohol is a liquid of transparent appearance. To the taste it is hot and peculiar. Its boiling point is 173°. It has not been frozen by any degree of cold hitherto produced. In the juices of various fruits are to be found the necessary elements for the vinous fermentation, which will take place at a temperature of from 60° to 90°. If the vinous fermentation be produced in a solution of grape sugar, alcohol and carbonic acid will be the result, in connection with the water. The alcohol can then be separated by repeated distillation.

It has a great affinity for water, of which it is not readily deprived. When free from water it is called absolute alcohol. Three strengths of A. are officinal, and are known as alcohol fortius, alcohol, and alcohol dilutum. Being a powerful solvent and preservative, it is extensively used in pharmacy. It is the intoxicating principle or element in wine, brandy, and whiskey. There is a small percentage of alcohol in the malt liquors. With these facts premised I proceed to briefly consider the medicinal use of alcohol. It is the most potent diffusible stimulant at the

command of the physician.
Alcohol, as such, is never administered, but is given in the form of some of the wines or liquors.
When applied externally for a considerable time, without being permitted to evaporate, superficial inflammation is excited. In dilute form it is a serviceable evaporating lotion for bruises. Alcohol will restrain the oozing of blood from surfaces, and has an antiseptic action when applied to suppurating wounds. When taken in small doses its effect on the nervous system is marked. It increases the action of the heart

and cutaneous circulation. The temperature rises slightly and the functions are performed with greater energy. It is a good local stimulant to the stomach in certain forms of dyspepsia. In some cases the malt liquors are to be preferred, on account of their tonic effect. When stimulation is required, wine, brandy or whiskey may be given. In case of prostration from diarrhea, port wine is best, because of the tannic acid it contains. Alcoholic stimulation is often necessary in typhoid fever, and in prostration from many other causes.

If alcohol does not act as a food, it at least sustains the flagging powers of nature until the system can so rally as to assimilate food. It is indicated in chronic wasting diseases, and especially in phthisis. It has great power to arrest waste of the body, promote digestion, and favor the deposition of fat. In case of poisoning from the bite of a venomous snake, alcoholic stimulants well counteract the depressing influence of the poison on the heart. When alcohol is given in acute diseases it should be well diluted, and withheld as

soon as the necessity for its administration has passed away. Then some appropriate tonic may take its place in the treatment. It is sometimes beneficial to the aged and infirm, in the form of wine. By high authority it was said: "Give strong drink unto him that is ready to perish, and wine unto those that be of heavy hearts. Let him drink, and forget his poverty, and remember his misery no more." "Wine that maketh glad the heart of man", was regarded by the pious of ancient times as a choice and important article of life, and also a

blessing bestowed by a beneficent Providence. St. Paul's direction to Timothy was: "Drink no longer water, but use a little wine for thy stomach's sake, and thine often infirmities." It is possible that the bishop was a dyspeptic. It may be that the apostolic advice was the result of a consultation with "Luke, the beloved physician." It will not, I presume, be amiss to glance at the abuse of alcohol. When it is taken in unmedicinal or poisonous quantities, or its unnecessary use continued for a long time, what has been properly termed "alcoholism" is produced.

The poisoning may be acute or chronic. When a toxic dose is taken the excitement of the heart and nerves is soon succeeded by loss of muscular action, feeble circulation, stertorous breathing, and insensibility. An acute case of poisoning may result in death. The signs or symptoms attendant on acute alcoholism, opium narcosis, intra-cranial hemorrhage, and concussion of the brain, are so nearly identical that it is very difficult to make differential diagnosis. Without obtaining the history, in a given case,

it may be quite impossible to reach a correct conclusion. The surrounding circumstances should be examined, with care, and a hasty formation and expression of opinion, should be avoided by the attending physician. In case of acute poisoning by alcohol, the stomach pump should be employed, ammoniacal gas inhaled, a current of electricity applied to the muscles of respiration, cold water poured on the head, and the body warmed by the application of heat. Among the many injurious effects of the continued and excessive use of alcoholic

stimulants, are, diseased conditions of the nerves, liver, stomach, and brain. Evils physical, mental, moral, and social, result from intemperance. The devastating effects of the unnecessary, inordinate, and injurious use of alcoholic stimulants, are apparent to the most casual observer. The ruin may be seen on every hand throughout the extent of this and other lands. In the great city, the town, the village, and in the less populous regions of this great country, spread the baleful influence. The rich, the poor, the learned, and the unlearned,

fall alike before the mighty destroyer. In the onward march of intemperance, many in all ranks of society are smitten. At the touch of the demon the aged tremble, the strong fall prostrate, youth is corrupted, beauty fades, wealth is squandered, honors are dishonored, health is destroyed, happiness is blighted, and untold miseries, like a flood tide, flow in. Amid the ruins of those cursed by the deeds of others, may be seen parents whose fondest hopes have been dashed in ruin to the ground by wayward sons;

wives, whose peace and joy have been destroyed by husbands brutalized by strong drink; widows, in the habiliments of mourning, lamenting the untimely death of once kind and loving husbands who have gone down to drunkards' graves; and hapless orphans, whose rags and tears and cries for bread and home, bespeak the poverty and wretchedness entailed upon them by the inebriation of their once fond fathers.

I will be pardoned for quoting the following words of wisdom written by Solomon,

thing of Israel." Wine is a mocker, strong drink is raging: and whosoever is deceived thereby is not wise. Who hath woe? who hath sorrow? who hath contentions? who hath babbling? who hath wounds without cause? who hath redness of eyes? They that tarry long at the wine; they that go to seek mixed wine. At the last it bitteth like a serpent, and stingeth like an adder." The appalling outline drawn by the royal hand.

nearly three thousand years ago, is filled up by the drunkards of to day. To realize more fully what the abuse of alcohol has effected, it is only necessary to turn and look into prisons and see the felons whose deeds of crime have made them inmates of gloomy cells; and to visit hospitals and asylums and there behold the wreck of body and of mind. While viewing the scenes of degradation, wretchedness, and suffering that alcoholic intemperance produces, the philanthropic physician could heartily wish that alcohol were blotted from

existence. However, it is an incumbent duty to discriminate between the use and the abuse of a valuable article of the Materia Medica. The abuse of any beneficial thing is certainly not a conclusive reason why it should not be properly used. If it were true that abuse would constitute a conclusive argument against use, then some other potent articles should be stricken from the list of medicines. Opium, morphia, chloral, and other very valuable medicines, have often produced fearful results, when improperly used. It is a fact that is well known that the physician sustains an important relation

to his patients. It is his duty in time of suffering and danger to do the very best that can be done for those who entrust their lives and health to his care. The fact that many have greatly injured themselves by the improper use of alcohol is, in my candid opinion, no valid reason why it should be withheld when the occasion demands its use. Its value as a medicine but few will deny. It is a fact, not to be lost sight of, that it should be very prudently used, and not administered unless really

necessary. Then some other remedy will as well answer the purpose, that should be given in its stead. It behoves the physician to use great caution in directing the use of alcoholic stimulants. There are many who would be greatly endangered by their use. In some there seems to be a natural desire for such drinks, and the spark might be easily kindled into a flame. The desire for stimulants, if gratified, might soon lead to intemperance. There are reformed drunkards who might be endangered by taking even a small dose of wine,

for thereby might be sooner the force of former habit. There is less danger of creating a desire for alcohol when used in acute diseases, than when used in chronic diseases. Some persons to cure certain wasting diseases have used spirituous liquors, become drunkards, and died of delirium tremens. The evils from which they fled were far less than those which they incurred. There is after all, greater danger to society from the extensive use of so-called "patent medicines" containing alcohol, than there is from the proper use of alcoholic stimulants administered under the watchful care of skillful and

prudent physicians. When an article of medicine can be found, that will fully take the place of alcohol in the treatment of disease, and not be susceptible of its abuse, then let alcohol cease to be used. The one who may discover such a remedy, will bestow a great favor on the medical profession, and a great blessing on mankind at large. The great difficulty in obtaining alcoholic liquors free from the poisonous drugs of adulterators increases the danger of their use. The well meant endeavors of the physician in the treatment of the sick are often worse than defeated

by the fraudulent avarice of the manufacturer or vendor of ardent spirits. The medicinal use of alcoholic stimulants should at all times be regulated by prudence and the dictates of enlightened judgment. The physician, in his high and important profession, can greatly promote the sobriety and morality of community by exercising due care in the administration of alcoholic stimulants. Much more might be said concerning alcohol, its medicinal use, and its abuse. In conclusion I will say, let alcohol be a servant, but not a king.

Some Points on Diagnosis of Disease in the Bladder and its Appendages.

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W. H. Noble.

Jan. 25, 1883.

Some Points on Diagnosis of Disease in the Bladder and its Appendages.

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Disease in the Urinary apparatus is of such frequent occurrence and the attendant consequences often of such grave import that prompt recognition of its nature becomes important in the highest degree. Problem in the wide range of therapeutics

is it more true that diagnosis is more than one half of the battle than here, for the principles of treatment are so simple and well understood that it is an easy matter.

Almost every disease to which these organs are subject, manifests itself by irritability of the bladder, and it is for this, here, that the patient most often seeks advice.

Vesical irritability may be the indication of some trivial disorder, or it may be

be the manifestation of fatal organic disease; a slight irritation of the glans penis may cause it. or it may be due to serious cerebral or spinal disease. Prostatic urethral or kidney disease may be its exciting cause.

Since it is only a symptom of such wide causation by which alone we cannot locate a lesion, it behooves the doctor to trace it to its origin and not make the mistake of treating a symptom which he can never cure, while its exciting cause

remains.

Age and sex have much to do in estimating its importance. In children it is most often caused by phimosis, or some such slight irritant to the penis, such as the retained secretion of preputial glands, or worms or probably to a calculus in the bladder, and the symptoms attendant on these will clear up the hypospadias. But in the adult it is by no means so insignificant since it is so often associated with conditions of the gravest import. In

women it is a symptom of uterine displacement.
Pain is not less constant and is a symptom of the utmost value; by it alone the positive site of disease can frequently be located. The pain in cystitis is greatest immediately before micturition and is gradually increased in intensity as bladder is rendered more tense by the accumulation of urine in it. The diagnosis is rendered doubly sure if the pain is not present when the urine has been evac-

valid. But when have another resource in pus and mucus which are invariably present here. Thus the diagnosis is made and the treatment to be pursued is made sure. Stone or enlarged prostate may cause cystitis; but in such event the pain would not be relieved by evacuation, indeed it might be increased by the inflamed bladder walls contracting firmly on this hard rugged mass. But however we may have two excellent causes and to decide which

of them, is now the problem. For this purpose the sound is brought into requisition. If stone be present its introduction into the bladder will elicit a distinct grating sound. If no such sound is heard and the patient is old there is good reason to conclude that the prostate gland is enlarged.

Gonorrhoea or stricture often produces acute pain, but it is present only during the act of micturition, which, the sound

and the facility with which the urine is voided will decide. The frequency with which the urine is passed and the amount voided, the facility with which it is voided, whether it be slow and difficult or intermittent or if there be inability to empty the bladder or the patient is unable to retain urine, each suggest their respective causes. Cystitis causes the frequent evacuation of small quantities of urine, and the frequent passage of large quantities

can only be referred to diabetes.
Stricture is often the cause of frequent micturition, but it is effected with great pain and the process is slow and difficult, the urine dribbling away drop by drop when the stricture is very tight.
Enlarged prostate and stone each obstruct the flow of urine, but while in enlarged prostate the stream is slow, it is steady and uniform in stone the flow is slow and very intermittent often bloody,

incontinence and retention of urine are due to nervous influences, it may be in the bladder itself or it referable to the brain or spinal cord it becomes a symptom of the ultimate severity and often heralds the approach of death, indeed Prof. Gilliams has not seen a case of injury to the brain or cord recover when these symptoms were present.
Hemorrhage may be from the urethra, blad-

der or kidneys. If it is noticeable only in the first urine passed or precedes the passage the urine it fouls the urethra and as such is of slight importance. But if the whole of the urine be tinged with blood or it continues to flow from the bladder we must seek its source either in the bladder or kidneys. In order to do this, determine which of these organs is at fault, we cleanse

the bladder thoroughly by means of a catheter and warm water. If it be from the bladder the water which finally trickles away will be clear, but if it is from the kidneys or ureters if the catheter be allowed to remain in situ blood will soon trickle down leaving no doubt as to its source.

When we consider that only an inflamed urethra or bladder is likely to bleed it tells us almost

by itself what is the matter, and in connection with this, which makes its appearance in the same manner that blood does it leaves no doubt that we have a peculiar abnormal condition of the head due or relative to heat.

Having thus briefly spoken in general terms of the more prominent symptoms which are likely to present themselves in the more frequent diseases of these organs it only

remains for me to sum up their respective values and to classify them. Irritability of the bladder is present no matter when we turn, but it is not referable to any one site. Pain before micturition especially if it increases as the bladder is filled is caused by some inflamed condition of the bladder itself; after micturition to some contained body on which the bladder is contracting; pain after micturition to the urethra.

Hematuria is referable to the urethra, bladder or kidneys, as the blood precedes micturition or is present only in the first urine passed, is seen in the whole urine passed or continues after the act of micturition has ceased and the bladder cleansed. If efficiently, for the passage of urine is referable to the urethra or some body in the bladder which obstructs its flow as the flow is retarded and painful or intermittent.

Incontinence or retention of urine to nervous disorders.

Pus to the urethra, bladder or kidneys as it precedes the urine or is contained in the whole amount.

Irritability of the bladder pus and blood in the urine before micturition is to cystitis or some inflammatory condition of the bladder which is akin to it.

Irritability of the bladder pain after micturition, pus and blood in the urine to stone or prostatic disease

with castile, without pus & stone or prostatic disease simply.
Irritability of the bladder pain during micturition pus or blood preceding the urine or continuously in the first is referable to the urethra.
Irritability of the bladder in women is generally caused by uterine displacement.
Having gained all we can of the foregoing symptoms we can scarcely err as to the site of the lesion, if we

correctly collate them.
Should our investigations
lead us to conclude that
stone stricture or enlarg-
ed prostate is the disease
the sound and rectal ex
amination, in women
vaginal examination, can
hardly fail to tell all we
wish to know, and make
sure for us the path to
be pursued in treatment.

W. H. Weber

Clinical notes of a case of
Croupous or Lobar Pneumonia
6. Called to see Mr. D—. robust man,
Has been complaining for two or
three weeks, but not confined
to house. Had a severe chill
followed by fever yesterday. Com-
plaining today of pain in head,
back and limbs. high fever
face flushed and eyes congested,
breathing hurried, dry cough.
Tongue coated, bowels costive,
pulse quick, hard and full
Dullness over lower lobe of left
lung. Crepitant rale. Breath
sounds normal. Diagnosis.
Lobar Pneumonia. Quinia gr xxx Treat
Morphia grss to be taken at once

applied cups over seat of dullness
and mustard plaster. Tr. Aconite R
gtt ij every two hours and ordered
Sulph. Magnesia ℥j To be given
7. Under the influence of the an-
odyne pains not so severe. de-
lirious. picking at the bed clothes.
Skin. hot and dry. Temp 103°
pulse full and hard 97. per
minute. breathing hurried, face
flushed, dullness more marked
continued treatment.
Applied Stupes turpentine to
chest. and administered Dovers
powder gr x
24. Very restless during the night
temp 101° pulse 90. per. min.
breating hurried, cough loose

and expectorating characteristic
rusty sputa. marked dullness
upon percussion, increased vo-
cal fremitus. crepitant rale
has disappeared, broncophony
and bronchial breathing can
be perceived.
9. Skin hot and dry. pulse 90.
Temp 102. breathing hurried.
Cough, expectoration and phys-
ical signs unaltered
Carbonate of Ammonia gr x
every three hours. Dovers powder
gr v every three hour. Tr. Aconite
gtt ij every two hours. and
Quinia gr xxx at once
10 Sent for during the night
found him very restless delirious

Tr. ac.

picking at bed clothes. pulse
rapid and weak Tempt 104°
eyes congested, breathing hurried,
Bromide Potassium gr xxx Treat.
Chloral gr x at once. Quinine
gr xx every four hour. brandy
tablespoonful every four hours
31. Patient better. quite cheerful skin
moist and fever abating. pulse
80. Subcrepitant rale can be
heard coughing up. thick
tenacious sputa
1. Fever abated, pulse 70. slept
well during the night, appetite
improving
2. Still improving coughing up
sputa without difficulty
bowels acted normally. dullness

clearing up, voice and breath
sounds decreasing in intensity.
4. Found patient walking out,
considers my attention no longer
neccessary. lung clearing up
breath sound more vesicular.
his recovery was uninterupted

B. W. Downey

case of compound fracture
of Tibia and Fibula
94. called to see Mr. D. S. age twenty
four years. Both bones of right
leg fractured about three inches
above ankle. crest of tibia
projecting through the skin
line of fractures trans-verse
cause direct violence. By
extension and manipulation
of the bones succeeded in
bringing them into proper
relation and immediately
put into splint using for
the purpose stout strips of
harness leather about two
and a half inches wide
and extending from knee

to toes, first soaking the leather in hot water so that it could be moulded to leg. applied them laterally leaving the wound exposed with simple adhesive plaster over it applied the splints over raw cotton and administered Morphia gr 1/4

5. Patient rested well last night but complaining of limb this morning which is hot swollen and tense

Removed splint the night during the night having forcibly thrown the leg from one side of bed to other reproduced

the deformity. Pus flowing from wound. Used carbolized dressing to wound having enlarged it to give free exit to pus. Reset the leg using for splints two sand bags one to each side of leg and extending from above the knee to the toes well padded with cotton. This splint adapted itself to the limb securing complete immobility of bones and weight effectually preventing patient from moving limb. Kept the patient in this splint for three weeks, using carbolized dressing to wound.

which healed up very kindly
& then encased the limb in
plaster paris including knee
and toes and upon setting
of plaster allowed patient to
get up and hobble around
his room with crutches.
His recovery was uninterrupted
from this time and a good
cure was the result.
& allowed plaster to remain
upon limb eight weeks.
General treatment of this
case consisted entirely in
keeping bowels open. good
food and anodynes when
ever needed

B. L. Kinney

Clinical notes of a case of Locomotor Ataxia. Typhoid fever. Pneumonia, and Compound Fracture of Tibia and Fibula

Presented to Faculty of Univers. Maryland

With respects of.

B. D. Downey.

Notes of a case of a remarkable character observed by Tyler Dorsey.

J. J. aged twenty-eight years, farmer, has enjoyed good health heretofore with the exception of a dread about fifteen years ago when he suffered intensely with pains of a neuralgic character during strength he laboured during the night during three days and having no trouble behind as far as the circle would discover. Dread blazing as heating of breathing or compressed upon the two or twenty hours hours that were

[illegible]
ing for his mental food with
strength, leaving behind his light and shine brighter.
Persons once spoken have uttered
their words as the offspring
and creations throughout the
night when they which gave
them congenial mind and
strong enlightenment bubbles
abroad with another. Thus
his attempting to work out
based upon inequality of
movement on his mind
dies and very known and
blending his feet. Called my
attention to the matter of
the hours which seem to [illegible]

Patches of the retina [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
of tenderness along [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] along the course of
[illegible] [illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible] [illegible]
to relieve [illegible] [illegible]
along the course of [illegible]
[illegible]. [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

[illegible]

[illegible]

[illegible]

3. The finger and thumb should [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible]

[illegible] well [illegible]

to words and troubles. The other
feel of strength and hope
Blessed had cleared of most
which better thoughts
unchaffained.
Yes of Secretly [illegible]
Poker [illegible] for [illegible]
[illegible] are [illegible] [illegible]
[illegible] have [illegible] [illegible]
of the [illegible] of [illegible]
[illegible] [illegible] [illegible] but.
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

applied day after to [illegible]
the characteristic colors of [illegible]
Convulsions and [illegible] are
indifferent [illegible] Sufferers
therefore of Cancer [illegible] in
not bear the slightest touch
even [illegible] the hands [illegible]
are [illegible] [illegible] [illegible]
tions of Cancer from [illegible]
pure. Bones clothing [illegible]
bladder.

Feel bone after [illegible] of Cancer. [illegible]
three times a day [illegible]
at bottom [illegible] [illegible]
a day. After this [illegible]
his [illegible] [illegible] [illegible]
[illegible]

6 condition much more unfavorable. Delirious, eyes congested, face death purplish hue, pulse feeble, cross breathing rotatory. Passed urine in bed, remained in this condition for two days since no improvement. [illegible] of the head.

8. Conscious, but very [illegible] in feeling of entire body. Bromide of Pot [illegible] and Hyoscyamus [illegible] 10 p.m. feeling of body also [illegible] 12 [illegible] heat and [illegible], [illegible] exchanges are [illegible] called [illegible] the place of [illegible] low to [illegible]

filled with water because
footed upon stumbling
restless at night came not
lay upon one side hinge shows
been to return immediately
of wounds of surf. the beginning
every delicate movement alone
working unusually and
the uncomfortable and fretting
to place the hinges when
with open closed. hinges very
red round flowered
diphthalate prominence that
developed upon along with
tenacious shade. Outward
now leaves lack of life hinge
local branches

Mounted subscribed of
Twenty three hours a day
Qis & Ins of Rooms every
fourth hours Bathing & food
Twenty eight hours a day
has had no relapse of pulmonary
hemorrhage coughs cases have
exceedingly. Hence fever with
increased and pulse
Marked red abdomen much upset
unbridged water and contains
expectorant
Persons have returned after
illness with old chronic pleurisy
accompany. degree Morbidity Dep
L. O. R. rocker
5. Persons constitutions relapse—

lived. Stomach, liver filled with succus. Expectorating black tenacious fluid. Dullness over left lung. Vocal fremitus and vesicular murmur are lost. Pulse rapidly failing.

Taken up the next day the mouth is filled with pus and bile.

1. Pieces have sloughed, bones containing teeth. Tumour could scarcely also be the gangrene of the tongue. Pus expectorated. Stomachals

2. Decidedly worse breathing forced and stertorous. Pulse rapid and irregular

intermittency, breathing most with great difficulty when lowering,

13. Death occurred quietly about 10 A.M.

Note, for treating this case I tried various remedies not noted in this report on electricity and Bryol with no beneficial influence so far as I could determine. My treatment being almost entirely expectant in latter stages

B. D. Dorsey.

Clinical report of a case of Typhoid Fever occurring in a young girl age 23 years.

5. Patient has been complaining some time past of pain in head back and limbs, appetite impaired. feeling so bad did not get up this morning. tongue covered with whitish fur. nausea. complaining of severe pain in head. bowels moved three times during the night.
Ordered Calomel gr ⅴ. Quinine gr xij to be taken three times a day. Treat

6. Condition unimproved. complains of head. considerable fever. pulse 90. per minute. has

had four stools since 10. A. M.
yesterday. Drowsy and mind
wanders. Pain upon pressure
in right inguinal region
Quinine gr x three times a Treat.
day. Dil Muriatic acid gtt xv
three times a day.
10. Complaining of no pain.
Delerious tossing upon bed,
picking at bed clothes. bowels
moving seven to eight times
a day. Tympanitis gurgling
in right illiac region. Hav-
ing and vomiting. Lime water Treat.
and milk. Table-spoon of
lime water to three of Milk
every four hours. Sr Opii gtt x

three times a day. continued
the acid. Teaspoonful of
Brandy every three hours.
Turpentine Stupes to abdomen
16. Gurgling and pain in right
iliac region. tongue, dark
brownish coating over il-
cordes around gums. Rose
colored spots over the sur-
face of abdomen. Low
muttering delirium with
subsultus tendinum.
Tympanitis. Temp: 103. pulse
95. weak. Three stools during day
ochre colored, and watery. Treat:
Lime water and milk with
chicken soup. Turpentine gtt x

three times a day. Quinine gr XX every four hours. Bromide of Potassium gr XX at night to give sleep. Teaspoonful of brandy every two hours

24. Tongue dry, hard and fissured. Delirium continues Tempt. 103. pulse 105. complaining of sharp pain in side can not draw in a deep breath without intense pain No dullness upon percussing Hypodermic injection Morphia gr 1/6. Mustard cataplasm over pain. Ordered Egg nogg tablespoonful every three hours Subnitrate of Bismuth. gr X

Sweat

every four hours. Continued
turpentine. Quinine gr xxx every four hours
28. Pain in side has abated
complaining of severe pain
in right leg which is hot
swollen and tense.
Pulse feeble temperature 103.
skin dry and covered with
ecchymotic spots. Tongue
dry hard. fissured and
pointed. Quinine gro xxx every Fecal
four hours to subdue fever
Bromide Potass. gr xxx to give
rest. Subnitrate Bismuth
continued. Turpentine gtt x
three times a day. elevated
leg and use anodyne lin-

aments to sore leg.

30. Two abscess have appeared upon abdomen. patients condition unimproved. complaining exceedingly of leg which is hot and shining. Has not been able to pass water for the past twelve hours.

Drew off urine with catheter. Treat lanced abscesses. Continued treatment.

4. Conscious. complaining of leg which is hot swollen and pone like cakes have appeared over the course of the femoral vein.

continued brandy and used Tred.
belladonna liniment to leg.
morphia to controll pain
8. condition more favorable
tongue cleaning off and
fever abating. complaining
less of limb. bowels slightly
costive. regaining strength,
more inclined to eat.
This patients convalescence
was uninterrupted and con-
tinuous, probably aided
by Sr. Chl. Ferri gtt x with
Quinine gr ij three times a
day. She had not however
recovered the entire use-
fulness of her right leg

when last seen by me.

Note. The diet of this patient during her illness consisted of Milk. Chicken soups. beef tea alternating day after day.

B. D Downey
Stockton
Henry Co
Ga.

the Congenital and Hereditary Transmission of diseases and Pathological peculiarities.

It is designed in this paper to show not only by analogy, but by a collection of facts, that accidental defects and diseases, as well as natural peculiarities and marks, may be transmitted congenitally; that where such defects depend on established habits, or long and continued practices, from one generation to another, the offspring are influenced by such habits, both in formation of body & qualities of mind.

than our sympathies for its toils & fatigues.

The force of habit, or rather the congenital transmission of physical changes in the offspring, by a custom practiced for years or a long time upon the progenitor, is a thing not only incredible to the casual observer, but strange and inexplicable to the most thoughtful & observing; we are, however, forced to submit to positive & well authenticated facts, notwithstanding we may be at fault in theory, & wholly

in support of my proposition. There is one kind of dog more used than any other for the extermination of rats & mice in dwellings, barns, stone-houses &c. It was thought by some, that their ears & tails were in the way, consequently the one was cut off to within from one to two inches of the body, while the ears were shortened or trimmed in a manner known to sportsmen as fancying. Very soon this was largely practiced on nearly all the dogs of this species, or more properly speaking this breed, until their young were born with

general qualifications of this creature are of a high order, and peculiarly susceptible of cultivation by art. The senses of smell are remarkably acute, and the clearness of perception, excellence of memory, patient endurance and gentleness, are not excelled in any other of the lower animals; while it may be said of the dog, that he is more faithful than even the most boasted among men. He is more constant in his affections, friendly without interest, & grateful to the slightest favors. Much more

they correspondent to the condition of the mother's teeth during the respective periods of conception, gestation & lactation.

A precisely similar condition is found in children born of parents, one of whom may be of sound & robust constitution, while the other is hastening to the grave, borne down by the ravages of Pulmonary Consumption. One child, for instance, may so closely resemble the healthy parent, as to be readily recognized, by the school day's acquaintance, as the child of the healthy father or mother, as the case may

R. C. Bowman, D.
of Virgin
on Congenital Dise

Laceration of the Cervix Uteri -

Ralph Ellis

Feb 12 - 1883 -

Laceration of the Cervix Uteri

Laceration of the cervix consists in the tearing of its walls, occurring during parturition, & may extend partially, or entirely through its parenchyma.

Lacerations are partial or complete; or again, either unilateral, bilateral, or stellate. Severe degrees of laceration are called bruises, & those attended by inversion of the cervical mucous membrane are ecchy-

[illegible]
median line & of the posterior lip are the most common; when unilateral, that of the left side. In bilateral & stellate, the mucous membrane becomes everted & inflamed; the submucous tissue hardened & thickened, & the entire cervix hypertrophied.

Frequency:- It is claimed, & probably with good grounds, that 32.8% of all women who have borne children are endowed with a lacerated cervix. Dr. Emmet-h-

lines, that at least, one half of the uterine troubles attending parturient women are due to laceration. Dr Goodell, that one out of every six women suffering from uterine disease, possesses an unmerited envy. When one reflects how often this lesion leaves him in the face, & in the wife attending it, we can not wish to be pardoned if he do not seek eagerly to acquaint himself with its recognition, management & cure. True, every laceration has

not require operative measures & yet there are many cases, which in view of the pathological results, absolutely demand it. Many lacerations undergo spontaneous cure if the patient be kept quiet & the parts clean, while other causes one or more of the many evils we shall presently enumerate. Causes & means of prevention. -

A traumatic laceration can often be prevented by judicious care & the em-

treatment of these vacuum which are at our com-mand. Among the most frequent causes of laceration are:-

1st Precipitate labor. This may never cause laceration, the violence of the pain, the great & constant tension to which the cervix is submitted & the rents a-bout the os, should warn us of what may occur & least us to the use of Chloroform; in order to check the violence of the labor & prevent the improper

results.

2nd Fevers, colors. warm, cold & warm after Chem. Retro. relations of the nervous. What is to be done in these cases? If the retardation be due to inertia, the so being cold & sedatives, the being weak & nutritional, the good-remedy is quinine & in large doses. Often quinine after its use, the pulse will usually weaken & sedatives actually tonicate. If nervous, quinine should fail, the opiate

should be applied remem-
bering to be in the use of
these instruments, as
careful of the tissues as
of the human - When
the pains are irregular, spas-
modic & unusually painful,
without producing any
real effect & the pt is tired
& tense, chloral is especially
valuable - should be given
in fifteen grain doses every
twenty minutes until from
doses have been taken,
when usually the labor
will be speedily terminate-
ed & without evil results.

3rd. From head lack pressure.
4th. Laceration from the
vagina often be avoided by
gentle pressure from within
4th. From prolonged dilata-
tion of the os. Be careful
rational labor. Use ur-
gent dilatation only. Digi-
tal manipulation is
of course harmful.
5th. Another cause is an
abnormal position of the cer-
vix or due to a pendulous
abdomen, forceps lacera-
tion being a consequence.
6th. Indiscriminate use of forceps
often should never occur.

If ergot be given at all it should not be used before the head is well down, pressing on the perineum.

7. Rigidity of the os. Cancer of the cervix. Cicatrices of tissue. Abortions. Infectious, according to Dr Russell, common of abortion. Are the general causes.

Although laceration is often unavoidable, we must, that at least in some instances, by proper care & good judgement, it can be prevented. Symptoms.

Usually increased menstruation. - Leucorrhoea. Pain in lumbar & iliac region. Neuralgic pains in cervix. Discomfort in locomotion & usually sterility.

Diagnosis: -

By digital touch & speculum. The speculum being introduced, a tenaculum is inserted into each lip; the denuded cells being drawn together. The normal shape of this part will be recognised & the laceration easily diagnosed.

Prognosis: -

If the laceration be of the anterior or posterior lip, it will probably heal of itself, provided the parts are kept clean & the patient at rest. Cure, however, hastened by such applications as tannin, zinc, alum &c - frequently & especially if the laceration be complete & bilateral, or involve one or more of the following conditions will follow chronic peri-uterine cellulitis. Cancer - of which laceration is the most frequent

of all known causes. Sub-involution. Menstrual disorders. Endometritis. Granular & cystic degeneration. Fungosities & Uterine displacements.

Certainly we are quite the advocates of trachelorrhaphy in those lacerations attended by local inflammations & irritation, especially if we bear in mind that the lesion is the source of so many evils & that the operation is one of comparatively little danger.

Treatment:-

This is palliative and curative. Palliative treatment is called for in those cases in which from any cause the operation by tracheotomy is deemed inadvisable. It consists in the use of copious injections of warm water (better to add a little common salt) & the use of alteratives such as iodine, glycerole of tannin &c. Cervical cysts should be evacuated by puncture. A pessary should be introduced to remove all incumbent weight & support the ut-

rus -
Curative treatment consists in the operation of tracheotomy. When cases present themselves with pelvic inflammation you should never operate until all inflammation has been subdued. The operation should never in mind the state of the pelvic organs & never operate when there are in a condition contraindicating it.
Operation being decided upon, but rather should be inflated for some time be

pre-breeding as it has a tendency to excess hemorrhage. The woman being anaesthetized is placed in lith position & his speculum introduced. A tenaculum is fastened in each lip & the two surfaces brought together: By this means the operator decides to what extent denudation is to take place. Reaching this conclusion, he seizes firmly the lower side of the flap & by means of curved scissors denudes the mucous membrane, also cutting away a small por-

tion of the parenchyma as far as the junction of the two flaps. The other flap is treated in the same way & a like process is gone through on the other side. The raw surfaces are now brought together, leaving a strip of undenuded tissue corresponding with the cervical canal. Sutures are passed by means of uterine needles & Lembert's sutures should be passed from above downward about a third of an inch apart. After all are passed each

should be treated = least
pain against the cervix.
Often it happens that
the intervening tissue has
become hyper-plastic = it is
impossible to bring the edge
of the laceration together.
In these cases it is necessary
to cut away the intervening tissue when the
edges can be easily approximated. The lacerations should
be allowed to remain from
seven to ten days. The
vagina should be syringed
out twice a day with warm
carbolized water. This is

A hemorrhagic infarction of the spleen of Wedelsdorf's in a patient with lacerations from rupture, upon which I was induced by cutting up the diaphragmatic muscles in each side. All hemorrhagic infarctions are followed by cellulitis or peritonitis. These are however rare; complete cure among the usual results. Sometimes the cavities contain serum & small, causing dysfunctions in this case you treat as for pneumonia.

Ralph Ellis